

T.R.N.C
NEAR EAST UNIVERSITY
GRADUATE INSTITUTE OF HEALTH SCIENCES

**EFFECT OF PARENTING STYLES ON SMOKING
AMONG ADOLESCENTS IN JERUSALEM SUBURBS,
PALESTINE**

MEERA IBRAHIM MUSA SALAMA

**In Partial Fulfillment of the Requirements for the
Degree of
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THESIS APPROVAL CERTIFICATE

The thesis study of Nursing Department graduate student Meera Ibrahim Musa Salama with student number 20165987 titled **EFFECT OF PARENTING STYLES ON SMOKING AMONG ADOLESCENTS IN JERUSALEM SUBURBS, PALESTINE** has been approved with unanimity/majority of votes by the jury and has been accepted as a Master of Master of Nursing Thesis.

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I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Date:

Signature:

DEDICATION

I dedicate my dissertation work to my beloved parents, Ibrahim Salama and Laila Salama, with a special feeling of gratitude. Special thanks to my sisters, Malk Salama, Munia Salama, and Monawar Salama, for their endless love.

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LIST OF ABBREVIATIONS

ANOVA	Analysis of Variance
CDC	Centers for Disease Control and Prevention
EC	Electronic Cigarette
EMR	Eastern Mediterranean Region
ENDS	Electronic Nicotine Delivery System
GYTS	Global Tobacco Youth Survey
IBM	International Business Machines Corporation
NYTS	National Youth Tobacco Surveys
PAQ	Parental Authority Questionnaire
PCBS	Palestinian Central Bureau of Statistics
PG	Propylene Glycol
SPSS	Statistical Package for the Social Sciences
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
VG	Glycerine Vegan
WHO	World Health Organization

ABSTRACT

Interactions and relationships between parents and adolescent are essential to predict the adolescents' behaviours. The parenting styles play a role to protect the adolescent from smoking whether tobacco smoking, shisha smoking, or e-cigarette smoking which considers as a serious issue among adolescent stage because they be more vulnerable for an experience this habit. The dissertation leans on the Baumrind's parenting styles classifications: authoritarian, authoritative, and permissive style. The aim of this research is to find the association between father and mother parenting styles with adolescence smoking experimentation. The Parental Authority Questionnaire (PAQ) (Buri, 1991) was used to assess adolescence's parent's parenting style. Global Tobacco Survey (GYTS) was used to collect information about smoking among students. The study conducted in governmental schools in four suburbs (Anata, Hizma, Al-Ram, and Jaba') in Jerusalem, Palestine. The sample size consists of 755 students (337 males and 418 females) from grade four to seven aged between 9 and 15 years old. The SPSS package was used to analyze the data, Chi-squared test and Binary logistic regression was used to test the hypothesis. The findings showed that the prevalence of tobacco smoking among males was 65.78% while among females was 34.22%; e-cigarette prevalence among males was 75% while among females was 25%; shisha prevalence among males was 63.1% while among females was 36.9%. the father's parenting styles for the four suburbs were authoritarian 52.7%, authoritative 43.0%, and permissive 4.3%; the mother's parenting styles for the four suburbs were authoritarian 50.6%, authoritative 45.5%, and permissive 3.9%. the result of the analysis showed that there is a significant correlation between both parent's parenting styles and adolescents smoking (tobacco, shisha, and an e-cigarette). The binary logistic regression analysis showed that the authoritative parental style, for both parents, is the style that protects adolescent from smoking.

Keywords: Parenting Styles, Adolescent, Tobacco smoking, Shisha, E-cigarette

1 INTRODUCTION

1.1 Problem Definition

Nowadays, as well known that parenting is a natural and instinctive role that leads to development and realization of the personal characteristics of children, consequently, the family is the first school for children where parents play a powerful role model in their children's lives, when the child turns out to be an adolescence which is a transition stage fraught with many personality changes and adjustments in the world in different ways, therefore, a proper parental behaviours and styles are a precious gift provided by the parents to their child (Chowdhury, 2017).

According to Bowlby (1969) (as cited in Su & Hynie, 2011), the traditional theories of child development had confirmed the roles of the primary caregivers in the family especially during the early childhood years to lay the foundation for developing healthy relationships with parents, sense of self, and sense of self-competence, additionally, Bush & Peterson (2013) pointed out that the family usually composes to be the most important social contexts for child development, since the children consider as active agents who help to reshape the surrounding environment, the socialization process between parents and their children consider as a reciprocal socialization, it meant the process by which children socialize parents are in the same manner parents socialize them.

Earlier definitions of family emphasized that family members were related by legal ties or genetic relationships and lived in the same household with specific roles. Later, Hanson et al. (2005) (as cited in Hockenberry & Wilson, 2015, p. 17) defined the family as an institution where individuals, related through biology or enduring commitments, representing similar or different generations and genders, participate in roles involving mutual socialization, nurturance, and emotional commitments.

In the beginning, family structure was either a nuclear or extended family. A traditional nuclear family consisted of a married couple and only their biological

children whereas nowadays nuclear family still consists of two parents and their children but the relationship between parent and child might be a biological relationship or stepparent or adoption, or foster. The extended family includes at least one parent, children, and other family members such as uncles, aunts, and/or grandparents living in the same house. It was no difference between traditional extended family and the new definition of extended family. The blended family, also known as a reconstituted family or family where one or both parents have children from old commitment who had combined to build a new family. The single-parent family, it had several kinds that including a family that headed by a divorced parent, a family that headed by a widowed parent, and a family headed by a single parent who isn't married. A polygamous family which polygamy referred to either multiple wives (polygyny) or multiple husbands (polyandry), they practised a polygyny that is designated as sororal in which the wives were sisters or non-sororal in which the wives were unrelated. Communal Family is known as a community of people living together, sharing mutual interests, having common values and beliefs, sharing property, resources, work, income, or assets (Hockenberry & Wilson, 2015, p. 20-21).

1.2 Definition of Parenting

Morrison (1978) (as cited in Dwivedi & Luqman, 2017) defined parenting as "The process of developing and utilizing the knowledge and skills appropriate to planning for, creating, giving birth to, and rearing and/or providing care for offspring". According to Bornstein (2015), parenting is a formative condition in the path of life, that is centred on caring, attention, and working with children, therefore, the parents seek to learn the best ways to raise their children, to take advantages and opportunities that parenting afford for themselves, and in this frame, parenting considered as instrumental construal lifelong (24/7/365) job with preparing children for physical, economic and psychosocial situations that characterized the environment and culture in which they must live in, and moreover, the parenting was more than the mere provision of nutrition, protection, and education for their children, which it required planning, organizing and implementing such as organizing birthday parties and finding good summer camps. Therefore, all these consumed energies, the mental and physical health of both parents.

Joseph & John (2008) indicated that modern society was giving more importance to parenting styles because as an important factor in child development. Therefore, good parenting that prepared their children to meet the requirements of a particular culture or sub-culture in which they live. Pinquart (2017) stated that there were two perspectives that had been adopted in parenting literature: first; a dimensional approach, which was focusing on individual dimensions of parental behaviours such as responsiveness and demandingness, second; a categorical approach, that integrated parenting dimensions into parenting styles.

1.3 Aim and Objective of the research

1.3.1 Aim

The aim of this research is to find the association between father and mother parenting styles with adolescence smoking experimentation that including cigarette smoking, waterpipe smoking, and E-cigarette smoking.

1.3.2 Objectives

The objects of the study can be divided into followings:

- 1- Assessing the rate of smoking experimentation among adolescence
- 2- Assessing age of tobacco experimentation.
- 3- Assessing father and mother parenting styles among adolescents' students.

1.4 Importance of the research

The importance of the study can be summarized in a manner that understanding the relationship between parenting styles and smoking among adolescences. Nurses play an active role in promoting and improving public health. The role of the nurse was mainly based on health promotion and disease prevention. But the nurse has more complex roles to play because nurse leaves mark on the lives of healthy people as well as patients, whether adults or young people and in order to create a healthy society away from harmful lesions; nurses must start from the family. Smoking is considered a harmful crime. To find out why children start such an epidemic, the nurse must study the nature of the relationship between the parents and the child in early ages.

1.5 Assumptions:

This research is for adolescents aged between 9 to 15 years, in 4 districts of Jerusalem (Anata, Hizma, Al-Ram, and Jaba'), the reason for choose only four districts was the difficulty of moving as a Palestinian citizen between other nearby areas because of the many Israeli checkpoints require an entry permit.

The findings of the study are the adolescents' point of views toward their parents' styles that mean the adolescents' parents did not participate in this study.

1.6 Limitation

The limitation of the study is the prevalence among Palestinian adolescent smoking among age 9-15 that not available.

1.7 Hypotheses

The hypotheses can be summarized as:

H1: There is a significant correlation between Parenting styles (Father or Mother) and smoking experience among adolescents.

H2: There is a significant correlation between permissive parenting style (Father or Mother) and smoking experience among adolescents.

H3: There is a significant correlation between authoritarian parenting style (Father or Mother) and smoking experience among adolescents.

H4: There is a significant correlation between authoritative parenting style (Father or Mother) and smoking experience among adolescents.

2 LITERATURE REVIEW

2.1 Parenting Styles

Developmental psychologists have always been concerned about how parents influence a child's development. However, the results showed that relation between parent styles and later behaviours of their children were significant. Parenting styles consider as a psychological combination that represents standard strategies used by parents to raise their children.

2.1.1 Definition of parenting style:

Darling and Steinberg (1993) stressed that it was necessary to distinguish between the differences in parenting styles and parenting practices to better accommodate the process of child socialization. Parenting practices had been defined as specific behaviours that parents used to socialize their children such as when socializing them to succeed in school, helping to do homework, attending parent-teacher conferences while parenting styles had been defined as a constellation of attitudes, values, and beliefs toward the child to create an emotional climate of a parent-child relationship. Parenting practices are out of the scope of this research; moreover, Ishak et al. (2012) pointed out that parenting styles are crucial agents that influencing all aspects and stages of a child's development.

Maccoby & Martin (1983) (as cited in Ishak et al., 2012), stated that parenting a continuum process that includes two significant elements “responsiveness” and “demandingness”. The parental demandingness as “the claims parents make on children to become integrated into the family as a whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys” and responsiveness as “the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive and acquiescent to children’s special needs and demands” (Baumrind, 1991, p. 7-8).

The concept of demandingness reflected the desire of one or both parents to act as

agent of the socialization process, and a reference to the behaviours used to integrate their children into the family and society alike while the concept of the responsiveness reflected a parent's satisfaction and pleasure in parenting process and recognition of their child's special needs and the indications of parental behaviours that foster individuality, self-regulation, and self-assertion, the parental responsiveness compromises parental behaviours that express love and warmth and mutuality relationship about attachment and accepting (Givertz, 2016).

Baldwin (1948) (as cited in Becoña et al., 2012) was the first author who identified the relationship between parents' rearing styles and the behaviours of their children, he described three behavioural patterns in parents: Authoritative, indulgent, and accepting. After that Schaefer (1959) (as cited in Becoña et al., 2012; Dwairy et al., 2006), was one of the oldest who contributed to the classification of parental behaviours, he introduced the term parenting styles as a model of two dimensions: first was disciplinary control, second was effective warmth (affection). The first dimension related to an efficacious role played by parents to enhance honouring social norms, values, and conventions which parents expect their children to adopt whereas the second dimension was the emotional ties between parents and their children (Dwairy et al., 2006; Power, 2013).

Diana Baumrind born August 23, 1927, she is a clinical and developmental psychologist known for her research on parenting styles. In the mid-60s, Baumrind had enhanced the organization of parenting behaviours by conceptualizing them as authoritative, authoritarian, and permissive parenting styles. Baumrind was initially focused on the authoritarian and authoritative styles associated with the previous three patterns of child behaviours before extending to the third style which was permissive. Baumrind differentiated them by two particular areas: first, the amount of caring and protection that a child will receive from parents, and the extent of controlling a child's activities and behaviours (Baumrind, 1966; Becoña et al., 2012, Dwairy et al., 2006).

Baumrind (1967), she founded that preschool children raised by authoritative parents were socially responsible, self-reliant, achievement-oriented, cooperative with adults

and peers and self-controlled. Children who had authoritarian parents were less socially content with other, more to be insecure, feel more anxious, and hostile and aggressive. Children who had a permissive parent were often impulsive and aggressive, and self-centered, rebellious, lacking in self-control and lacking self-reliance.

2.1.2 Baumrind Parenting Styles:

2.1.2.1 Authoritative Style

One of the major parenting styles that identified by Baumrind is known as the authoritative parenting style. In (1966), the authoritative parents according to Baumrind, deal rationally when guiding the child, talking to them, share with their child the reason behind the policies that were followed, and encouraged the verbal communication. The parents understand the reasons behind the child's objection, and refusal to comply, parents imposed their own views as adults, but they recognize the individual interests of the children and their ways. This style of parenting referred to be a democratic style, the parents had high expectations from their children, they considered as supportive that always encouraging the children to be independent and autonomous (Cox et al., 2018).

The authoritative style which was highly responsive to the child's feelings, needs, and demand at the same time, but the parents would develop steady clear standards for their children's behaviours (Baumrind, 1991; Ishak et al., 2012; & Shalom, 2015). Authoritative parents provide high levels of support (care) and control (monitoring), parents provide targeted guidance, warm response, an important feature in this style is offering regularly praise to their children (Baumrind, 1991).

Merlin et al. (2013) stated that authoritative parenting style had been known as guiding parenting. This style was characterized by assertive but not intrusive and restrictive for the child's life, the parents' disciplinary methods towards children are supportive rather than punitive so that their children were socially responsible and able to regulate their lives (Baumrind, 1991; Ishak et al., 2012) and the child will be self-reliant (Power, 2013).

The authoritative parents were highly demanding with highly responsive, they practised a strict behavioural control, but they did not surround their child with restrictions and limitations, parents established clear and rational standards and anticipated from children to be responsible toward these standards. Authoritative parents were rationalists toward disciplinary action and enforced their parental role but

at the same time, they recognize their child's personality and respect individuality. The authoritative parents and children communicate by mutual respect, and they allow the child to make demands and confession of the children's psychological autonomy. (Givertz, 2016).

The authoritative parents respected the uniqueness of each child and allowed the child to express the objections to family standards and regulations. They focused on the issues and misbehaviours that their child did it and find the suitable way to repair it, and this reparation not included love withdraw or fear of punishment. Furthermore, the authoritative parents adopted "inner-directedness" policy; which was a conscience that regulates behaviours based on a feeling guilty or shame for misbehaviours that done, not for fear of being caught or punished. The parents' logical standards and realistic expectations produced children who were highly self-reliant, trustworthy, confident, able to understand and to interact properly and strongly with other children. Authority was shared in authoritative style, that meant the children had included in discussions, conversations, and issues related to the family to promote an independent way of participating in family life. (Hockenberry & Wilson, 2015, p. 24; Dwivedi & Luqman, 2017).

As parent styles and family situation impact adolescents' development; the effective solutions to intra-family conflicts and family cohesion created environment conducive to healthy development of adolescents, both of which, together with parents' expectations of mature behaviours by adolescent, and the practice of establishing a reasonable boundary of adolescents' behaviours would lead to have adolescent with greater psychological maturity and higher school performance and low drug abuse among adolescents. This style had been described as an authoritative parenting style (Hockenberry & Wilson, 2015, p. 665).

Authoritative style supported the adolescents to be independent but at the same time, they set limits and controls on their adolescents' activities. Give-and-take policy had been allowed by parents, and they were cordial and compassionate toward their adolescent. Authoritative parenting was connected with adolescents' socially

competent behaviours to be self-reliant, high self-worth, socially responsible, socially acceptable, and low depressed feeling (Santrock, 2014, p. 266/277).

2.1.2.2 Authoritarian style:

According to Baumrind (1966), authoritarian parents valued obedience as a virtue and must follow strong punitive standers to reduce self-will at points where a child's behaviours or beliefs conflict with what parents believe as good behaviours. Baumrind (1966) defined the authority person as “whose expertness befits him to designate a behavioural alternative for another where the alternatives are perceived by both”; also, he mentioned that not all traditional parents were authoritarians.

According to (Baumrind, 1991; Dwairy et al., 2006), the authoritarian style was characterized by the fact that the level of control of the children was exercised strongly and parents did not explain the reasons for the rules and policies, thence, expect the child to obey without discussion or argument; furthermore, this style believed in using punishment (Miller et al., 2012) to gain the desired compliance from their child. (Cox et al., 2018) mentioned that the authoritarian parents did not look at the needs of their children and followed an approach "my way or the highway" toward parenting behaviours. Merlin et al. (2013) defined the authoritarian style as controlling parenting.

In a simple word, authoritarian parents were not responsive but demanding (Kakinami, 2015; Baumrind, 1991); also, according to Calafat et al. (2014), authoritarians were strictness but not warm whereas Eun (2018) measured the authoritarian style by the extent of a parents' overprotection and authoritarianism such as excessive interference with their child's autonomy. According to (Baumrind, 1966; Baumrind, 1991), the child-centred environment in authoritarian style was the well-organized environment and consists of a clear and strict set of static regulations, and the child activities are carefully monitored by their parents. Miller et al. (2012) characterized by more cruelty and high rate of control

The authoritarian style was known as a restricted disciplinarian style in which the parent exhorted their adolescent to follow their instructions, orders, and to honour work and efforts, the parents placed strict limits and controls on the adolescent, but a

little verbal exchange was allowed between parents and their children. This style was linked with adolescents' socially ineffective behaviours such as they felt nervous about social comparison, failed to start activities, and had poor communication skills. Parents in low socioeconomic status families were more concerned than about their children and adolescents, for that why they practised the authority on their children and adolescents, they used physical punishment more in disciplining, and were more directional and less friendly with their children and adolescents than higher socioeconomic status parents. (Santrock, 2014, p. 266/428).

Authoritarian parents attempted to command their children's behaviours, attitudes, and actions through unquestioned mandates, they try to settle rules, regulations, and standards of behaviours that they anticipate to be pursued strictly and unquestioningly by the children. The sentence that authoritarian parents used it to explain to their children the reason they have to comply with their orders is: "Do it because I say so". This parenting style attempted to use punishment disciplines, not necessary to be corporal but might be a withdrawal of love, care, and approval; conversely, of authoritative parents that focus to fix their children's misbehaviours rather than withdraw their love toward their children (Hockenberry & Wilson, 2015, p. 24).

The authoritarian parenting shaped their style through controls and assessment of their children's behaviours according to the absolute scale of behaviours that parents had formed, this style depended on power, firmness, discipline, and absolute control that constitutes corporal punishment, privilege deprivation, behavioural and psychological control, rejection, and threats. Furthermore, keep the children in their place and impeded their autonomy and freedom, discouraged "give-and-take" relation was counted requisite to the conservation of order in the authoritarian style. An authoritarian parent's demands normally took the shape of edict concurrently with placing strict regulations and limitations on a child's permissible expressions such as "speak only when it is spoken to you", and the parents cannot tolerant mutual relationship with their children, nor do they encourage their child's liberty, independence, or individuality (Givertz, 2016).

The children from families with lower socioeconomic status are more to experience control whilst those from families with higher socioeconomic status are more likely to experience autonomy support and less likely to experience control (Harvey et al., 2016).

2.1.2.3 Permissive Style:

Baumrind (1966), stated about a permissive parent that they were trying to behave in a non-penal and affirmative manner toward their child's desires or actions, parents paid attention to the child's opinions toward their (parents) decisions and they (parents) gave explanations for any of the family rules followed. Also, she mentioned that the parents in this style presented their self as a resource to make child's wishes true, not as an ideal for the child to imitate. A permissive parent authorizes the child to organize their own activities, and parent averted exert control or imposed obey on their child.

A permissive style was offering a low level of demandingness, set a few demands on their children regarding responsibilities and behaviours, and a high level of responsiveness (Baumrind, 1991; Ishak et al., 2012; Carbonella, 2015 & Power, 2013). Pinquart (2017) also mentioned that a permissive parent had a high warmth but low control. Parents in this style were indulgent, non-directive and did not expect mature behaviours from their children (Ishak et al., 2012; Dwivedi & Luqman, 2017). Merlin et al. (2013) defined a permissive style as a permitting parenting.

Maccoby and Martin (1983) updated Baumrind's parenting styles by using the same two dimensions: demandingness and responsiveness. The main difference between Baumrind's parenting styles and Maccoby and Martin's parenting style was that Baumrind discussed on a permissive parenting as one style whereas Maccoby and Martin differentiate between two types of a permissive parenting: indulgent parents and neglecting parents; Indulgent parents were characterized by low on a demandingness but high on responsiveness while neglecting parents were characterized by low on both demandingness and responsiveness (Becoña et al., 2012; Darling & Steinberg, 1993; Merlin et al., 2013).

Hockenberry & Wilson (2015, p. 24) mentioned that parents in the permissive style practice a little or no control over their children's behaviours, they evaded enforcing their own beliefs and permitted to their children to arrange their own activities, they usually used laxity and inconsistent discipline; did not set boundaries and did not prevent children from disturbing the home routine, and children were rarely punished.

The permissive parents permitted their child to be self-regulative, impetuous, reckless, and irresponsible, moreover, the parents were known as not disciplinarian and accept the child's behaviours and wishes. Within the permissive style, parents played as a source for the child to use, but they made a few demands on their children and they were trying to avoid practising control and they did not believe in obedience from their children to them. permissive parents gave more than take by deliberation with the children and giving good rationales for rules but without asking for anything in return for the children (Givertz, 2016).

The permissive parents tended to behave leniently and avoid make disagreement and conflicts with their children. However, they asked for some mature behaviours from their children, allowed their children to organize their own businesses and make their own decisions. Permissive parents desired to be a friend to their children for that when misbehaviours occur; the children were not blamed nor held accountable (Givertz, 2016; Dwivedi & Luqman, 2017).

Givertz (2016) stated that the permissive style's children tended to be more withdrawn, less independent, less self-confident and less self-reliant, and they were known to be angrier and defiant and having a difficulty controlling impulses. According to Maccoby & Martin (1983), (as cited in Wischerth, 2016), a permissive parenting style was characterized by positives regard and child-centred approach with a reduced use of parental controls.

The relationship between lower parent education level was significantly linked to the child's aggression, delinquency behaviours, and attention problems and the family economic status was not significantly linked with these child's problems (Burlaka, 2016).

2.1.3 Impact of parenting styles on Child development:

When parents' demands were imposed on the child, by mean placing them in a lower position from happiness, social competence, and self-esteem, the child would collapse, explode or run away, while the children with a permissive parent were kindness and acceptance but had low self-esteem, low self-regulation, high expectation, and emotional dependence, whereas authoritative style was the most positive style to create happy, confident and capable children (Azimi et al., 2012; Dwivedi & Luqman, 2017).

Braza et al. (2015) reported that mother authoritarian and father authoritarian were associated positively with aggression, anxiety, challenges, withdrawal, and depression among their children whether they were boys or girls while the permissive parents were less influence to cause depression, anxiety, and withdrawal but only among boys, while Pinquart (2017) stated that authoritative parenting style was compared to the other styles had been linked with better consequences which include a lower level of problems. Hoffmann & Bahr (2014) mentioned that the adolescents with authoritative parents had less chance of heavy alcohol drinking.

Barnes & Farrell (1992) (as cited in Sangawi et al., 2015), pointed out, that positive parenting patterns such as high level of parental support and monitoring would have children were less likely to show drinking problems, drug use, and perverse behaviours in general. Cenk & Demir (2016) reported that adolescents who depicted their parents as an authoritative, they had a higher level of optimism than those who depicted their parents as authoritarian, however, the adolescents who characterized their parents as permissive had a higher level of optimism than other parenting styles.

According to Sarwar (2016), delinquent behaviours are one of the most troublesome issues among adolescents. As known that parenting styles are affected the adolescent behaviours, the authoritarian parenting style impulse the adolescents to be delinquent as the remarkable stringency displayed by their parents makes them agitated and insurgent.

Sherr et al. (2017) mentioned that the poverty has been negatively associated with good parenting. Since parenting styles were associated with child developmental outcomes, the quality of parenting was important for optimal child growth because of

this growth did not occur out of the blue. Without optimum parents' attention, love, and care, the child's education, emotional and behavioural progress becomes increasingly negatively affected. Good parenting was useful and related to the promotion of self-esteem in children, educational achievements, reduced behavioural problems, with decreased depression and shock cases. Olla et al. (2018) found a negative relationship between authoritarian parenting and the children academic attainment, which meant that authoritarian parenting causes less academic attainment. Cafalat et al. (2014) stated that the lowest level of self-esteem among adolescents had associated with the authoritarian parenting style and showed as well the highest level of personal disturbances.

2.1.4 Parenting Style in Different Countries

The Arab world extends across 22 countries in North and East Africa and the Middle East and according to the United Nations Population Fund (UNFPA), Arab world population has reached 359 million in 2017. Arab societies tend to be authoritarian collective societies, classifying the family into two types (extended and nuclear) and considered more important than the individual (Dwairy & Achoui, 2006).

There had been little researches on Arab parents in the Middle East despite the abundance of researchers in this context (Punamaki et al., 1997; Smetana & Ahmad, 2017). Punamaki et al. (1997) in their research mentioned that parenting style evaluation varied according to the gender of the participant as they found that Palestinian boys in Gaza Strip evaluated their parent to be more negative, stricter and hostile than Palestinian girls of Gaza Strip, and in their findings from Middle-Eastern Arabs, confirmed some cultural consistency in the more disciplining parenting of boys.

Dwairy (1997) (as cited in Dwairy et al., 2006) mentioned that within the Arab and Muslim cultures, children consider an application of the authoritarian style as the normal duty not only for the parents but also teachers. Authoritarianism among Arab society was not necessarily to be linked with children who feel persecuted because the majority track their parents' direction in all areas of their life, such as social behaviours, personal relationships, marriage, and professional life (Dwairy, 2004 b).

As Dwairy (2004 b) concluded that the Arab adolescents reported parental style tended to be more authoritative and less authoritarian toward girls than boys, the reason for this was according to (Dwairy, 1997 & 1998 a) (as cited in Dwairy, 2004 b) & Dwairy et al., (2006) & Azimi et al., (2012) that females were more obedient and less bravery than boys to expose the oppressive attitudes of their parents, and because females responded undisputed to parental behaviours. The same finding was founded in Holland that Boys received more protection and rejection in return, girls received more emotional warmth (Berkien et al., 2012).

According to Dwairy & Achoui (2006), Arabic studies had been conducted and found that an authoritarian style was adopted toward Arab children and pointed that physical and emotional abuse distinguished a widespread style of parenting in Egypt, Bahrain, Kuwait, Jordan, and Morocco, among lower-class, uneducated parents and large families.

The parenting styles between Arab countries seemed to be influenced by the country and the siblings' order, not by social factors such as urbanization and parenting's education because even urban, educated and wealthy families showed that they continue to deal with their children in the same way (De Looze et al., 2012).

Arab parenting style in the Middle East was authoritarian that Inherited from generation to another, but recently, a significant difference had been observed in different countries (Smetana & Ahmad, 2017) such as Lebanon, Jordan, Palestine, Saudi Arabia, and Algeria, and on Arab refugee youth living in Jordan, they found that the most common profile for both mothers and fathers were consistent with authoritative parenting. Since parenting styles were linked with the social-political system within the country, more democratic and liberal systems like Lebanon, Algeria, and Jordan are associated with a flexible pattern, while non-democratic systems, such as Saudi Arabia and the Palestinians in the occupied territories were associated with controlling pattern (Dwairy et al., 2006; Dwairy & Achoui, 2006). Arab families were Influenced by two of primary references of cultural frames: The Arab Muslim authoritarian collective culture and the Western liberal-individualistic culture (Dwairy & Achoui, 2006). Otherwise, Parents' reactions to the unsuitable

social behaviours of girls in the presence of others or in public places were harsher than those of boys in the same situation (Dwairy, 2004 b).

A study conducted by Su & Hynie (2011), they found the traditional Chinese mothers reported being more authoritarian parenting than mothers of European Canadian background while a mainland Chinese mothers reported less authoritative parenting with their children than Chinese Canadian, perhaps the Chinese Canadian mothers had a good opportunity to observe Western parenting behaviours to build new expectations for their interaction with children but not to change everything about their fundamental beliefs.

Wang et al. (2015), stated that commonly in Hong Kong, the parental care was frequently more reported among girls than boys, on the other hand, paternal control was more frequently reported among boys and more frequent maternal control among girls. According to Cafalat et al. (2014), the warmth and good communication between family members were the keys to describing the optimal parenting style, and this mixture of high levels of parental warmth and engagement with low levels of parenting appeared to be the ideal parenting style in the European context.

According to Acar et al. (2017) that conducted a study in Turkey to assess the relationship between parenting and their children's behaviour problems, found that that had participants were 94 children with mean age 7.05 years old. Results showed that the close relationship between parent and children was significantly moderated linked between authoritarian parenting and children's externalizing behaviours such as aggressive and/or rule-breaking, while the conflict relationship between parents and their children had a significant moderated association between authoritarian parenting and children's internalizing behaviours such as depression, anxious whereas the parent-child conflict was positively associated with children's externalizing behaviours. They concluded their study as the authoritarian parents were positively linked with internalizing behaviours.

2.2 Adolescent and Smoking

Adolescence was one of the most rapid stages of human development according to World Health Organization (WHO) and a critical period (Mishra & Kiran, 2018) for the development of healthy behaviours and lifestyles, which was between 10 and 19 years old based on United States Agency for International Development (USAID) (2016); the stage was classified into two categories: a very young adolescent (10-14 years) and an older adolescent (15-19 years); furthermore, it was a dynamic stage for building an enlightened perspective derived from physiological, psychological, social and cultural factors (Curtis, 2015).

Adolescence was a stage of physical, cognitive and emotional changes and of seeking for a personal identity that constantly involved some experimentation with different dangerous and risky behaviours including smoking (Santrock, 2014).

Tobacco products contain an addictive nicotine, as well as many of other toxic chemicals, lead to high morbidity and premature death, and since tobacco is addictive; it had been described as a gateway drug for the use and abuse of other substances (Sims, 2009), and according to Mzayek et al. (2011); tobacco use was included under major health problems around the world and the Arab regions continue to suffer from an escalating spread of the tobacco epidemic. It was a habit wreaking havoc on health and as well it continued to be the leading preventable cause of morbidity and mortality worldwide (Maziak, 2013; Aslam, 2014; Barrera, 2017). Tobacco could be available in forms of smoking products (cigarettes, cigars, water pipes), or non-smoking products (snuff and chewed), or vaporized products such as e-cigarettes (Roberts et al., 2017). The prevalence according to WHO (2017) tobacco use had killed more than 7 million people each year; tragically, the tobacco epidemic was shifting into the developing world.

The aetiology of smoking comprised a network of social, cultural, genetic, and biological factors, all of which played an independent and cumulative role in determining smoking behaviours. Among these factors, the family unit and cohesion were likely to be behind the individual differences in adolescent smoking (Avenevoli & Merikangas, 2003), and it had been connected with a different parenting style

because children were brought up, socialized and modelled basically by their parents (Wang et al., 2015). Kandel et al. (2015) reported that the strong relationship between smoking of parents and adolescents could be caused by three approaches: the imitating of adolescents to their parents, the parental socialization process for their adolescent, and the genetic predispositions.

The prevalence of smoking had been increased significantly after the transition of students from primary to secondary school levels, and it appeared that who started smoking at an early age of their lives to be at greater risk of harmful health consequences than early beginners (Ausems et al., 2009) for instance lung diseases, cancer, and cardiovascular diseases; Nevertheless, it was still widespread throughout the world, Roberts et al. (2017) pointed out that tobacco is the first substance that adolescence had tried, according to the report globally, 1 in every 10 girls and 1 in every 5 boys aged between 13 and 15 use tobacco, one out of every four students between the ages of 13 and 15 who smoke cigarettes admitted that they did so before age 10. Boys were more likely to be tobacco users than girls, excluding in the Europe and Americas where prevalence was similar for genders.

Adolescents in both genders shared the same risk factors that included the presence of smoking people in the family (smoking parents, siblings), availability of cigarettes in the home, spread smoking among friends surrounding, and friends' pressure (Ausems et al., 2009). Anti-smoking Law No. (25) for the year 2005 stated that the sale of cigarettes to persons aged below 18-year-old prohibited under the smoking control regulations in Palestine.

Adalbjarnardottir & Hafsteinsson (2001) studied the different type of parental style over adolescence substance use and the result showed that responsive and demanding parental style which they were warm, supportive and encouraging but had limits for their children behaviour without being restrictive was protecting adolescence from the risk of using substances (tobacco, alcohol, hashish). Khader et al. (2009) (as cited in Ghrayeb et al., 2013) found that 20.45% of the students in refugee and non-refugee schools in UNRWA schools aged 13 to 15 years in the West Bank and Gaza Strip reported a prevalence of 16.5% for refugees and 24.4% for non-refugee students.

Wen & Shenassa (2011) pointed out in their study that had been conducted in the USA about interaction between parenting and neighbourhood quality on the risk of adolescent regular smoking that, the adolescents who had an authoritative parent were associated with diminished risk of regular smoking only throughout lower quality neighbourhoods but not throughout higher quality neighbourhoods; whereas, the high parental monitoring was the safeguard against the risk that an adolescent would become a regular smoker regardless of neighbourhood's quality.

Parents monitoring kept parents aware of their children activities which in turn permit them to react reasonably to any of misbehaviours that might children do it, and to protect the children to be less engaged in substance use such as smoking tobacco (Fosco et al., 2012). Wang et al. (2015) in their study that conducted in Hong Kung, mentioned that mother care, mother control, and maternal authoritative style were associated with the lower possibility of adolescent smoking while father care had a weak association to have lower chance of the adolescent smoking and father control was associated with higher chance of smoking. Barreto et al. (2014) stated that tobacco experiences often occurred in adolescence, and the faster it occurred, then sooner the chances of tobacco addiction. The adolescents acquire learn oblique behaviours through of observing or by imitating their high people's behaviours such as their parents, siblings, peers. The frequent exposure to people who smoke considered as the pointers of oblique models and social reinforcements.

Lim et al. (2017) found in their study that most adolescent students initiated their tobacco smoking among upper primary or lower secondary school age. (Santrock 2014, p. 437) mentioned that this was because adolescents were beginning to feel that they were continuously in the centre of attention and that people around them were looking for their looks or behaviours, leading to some serious actions such as smoking.

The extent of parental knowledge about adolescent activities had been linked to lower rates of alcohol use and tobacco smoking, lower delinquency rates, however, a lower rate of connection with deflector friends, and reduced anti-social behaviours (Fosco et al., 2012; Lippold et al., 2014). Chang et al. (2013), the dearth of adolescents' communication with their parents, delinquent attitudes, and parental unawareness

about their children's lives were been linked with of tobacco use among the adolescents, particularly for low socioeconomic status families.

Becona et al. (2013), concluded that adolescents who experienced tobacco use during their lives had a higher level of parental permissiveness. Tondowski et al. (2015) reported that students whose parents were authoritative had less chance of smoking in the previous month than children who thought their parents might be negligent, and they founded that there were no significant differences spotted between authoritative and authoritarian parenting styles related to tobacco use. To the adolescents who saw their parents regularly smoke inside the home that was one of the reasons that adolescent thought such theses parental behaviours might be perceived as permissive attitudes, an approval or an encouragement of the family to start using tobacco, in contrary to Andrade et al (2017) study that founded no significant association between parent's smoking in front of their adolescents and adolescents' tobacco smoking.

Talip et al. (2016), reported in their study a total of 43 students, aged 13-17 years were fully aware of the dangers of tobacco smoking learned from schools, media, and family members, while all of this awareness had been failed to prevent adolescents from initiation or continued smoking. Adolescents reported that cigarettes were available and easily accessible, family members (father, brothers) remained the most common way for the adolescent to access cigarettes or from their friends, purchasing cigarettes from stores. The ban on the sale of cigarettes to minors under the age of 18 often has a little impact on adolescent tobacco because legal age assertions are rarely sought by shopkeepers.

The Palestinian Central Bureau of Statistics (PCBS) (April 2017), the student data of the Palestinian Youth Survey (2015) showed that the prevalence of children aged between 15-17 years in the secondary education who smoke reached to (13.4% out of 83,077 students) in the West Bank and (5.0% out of 56,218 students) in the Gaza Strip.

The Palestinian Central Bureau of Statistics (PCBS) (December 2017) reported that 2 out of 10 youth smoke between age (15-29) years, the data of the Palestinian youth survey 2015 showed that 24% of the youth smoked (30% in the West Bank versus

14% in Gaza Strip) whereas among gender variances were high with 41% of males smoking compared to 5% of females.

2.3 Water pipe, E-cigarette among adolescent

Maziak (2011) stated that, the Water pipe (WP) smoking represents the second global tobacco epidemic since the cigarette, it had been vastly spread among the youth worldwide especially among the youth in the Eastern Mediterranean Region (EMR) because of manufactured sweetened-flavoured waterpipe tobacco (Mu'assel), flourish cafes culture, low-perception about water pipe hazards, and the mass media; it created ideal conditions for the thriving global waterpipe epidemic. Mzayek et al. (2011) mentioned that the epidemiological trends of smoking hookah had become a concern that began in the 1990 s as a social phenomenon in the Eastern Mediterranean Region (EMR), then, became a global phenomenon.

The water pipe known in many cultures under different shapes and names such as Hookah, Shisha, Narghile, and Hubble-bubble (Maziak, 2011). The water pipe associated with several types of cancer, respiratory disease, poor pregnancy outcomes, cardiovascular disease, and periodontal disease (Aslam, 2014). A typical figure of shisha is shown in the figure below:



Figure 2.1 Typical Shisha (Maziak, 2011)

Goniewicz et al (2013) pointed out that the Electronic Nicotine Delivery System as known as electronic cigarette or electronic cigarette (EC) was developed in 2004 in

China, a device designed to imitate the regular tobacco cigarettes to deliver nicotine-containing aerosols, according to Gonzalez-Suarez et al. (2017) & Kong et al (2017), electronic cigarettes also referred to as the electronic nicotine delivery system (ENDS), were electronic devices with batteries that produce vapour (visible aerosol), it contained a liquid solution (known as liquid or electronic juice), nicotine, and chemicals substances such as propylene glycol (PG) and glycerine Vegan (VG) to be heated for vapour inhalation. The figure shows a typical E-cigarette.

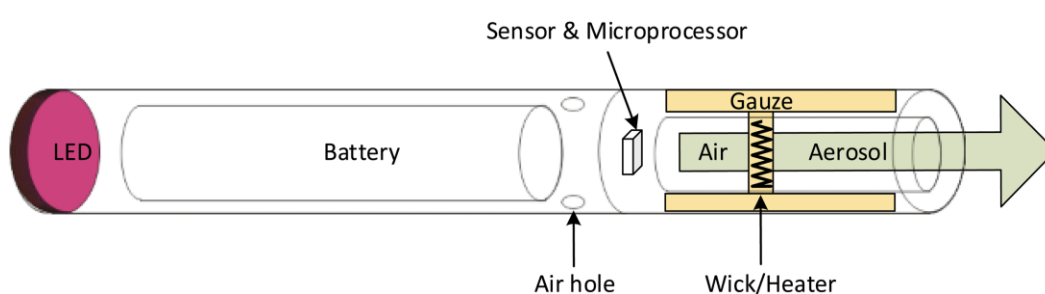


Figure 2.2 Typical E-cigarette (Brown & Cheng, 2014)

The study "Parental smoking and exposure to environmental tobacco smoke are associated with waterpipe smoking among youth" had been conducted in public and private Lebanese schools at (2011- 2012) academic year by included 1128 students had a mean age of 12.3 in grades 6 and 7; the prevalence of current waterpipe tobacco smoking was disquieting high and triple that of current cigarette smoking (22.1% vs 7.4%) between the students, and 40% of current waterpipe users were considered as regular users (at least daily or weekly) and a fifth of the students perceived they were addicted to waterpipe tobacco smoking and half of them had formerly failed quit attempts; also, they found there was no significant relationship between waterpipe smoking and self-perceived family financial status; (Jawad et al., 2015).

In 2015, a cross-sectional study had been conducted by Jawad et al. under the title "Water pipe tobacco smoking prevalence and correlates in 25 Eastern Mediterranean and Eastern European countries: cross-sectional analysis of the Global Youth

Tobacco Survey" aimed at secondary analysis of the Global Youth Tobacco Survey for 76,185 students aged between (13-15) years from 15 Eastern Mediterranean countries (Djibouti, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, West Bank and Yemen) and ten Eastern European countries (Azerbaijan, Czech Republic, Estonia, Hungary, Latvia, Poland, Romania, Slovakia, Slovenia, and Ukraine), the water pipe smoking prevalence was the highest in Lebanon with 36.9%, followed by West Bank with 32.7%, Latvia with 22.7%, the Czech Republic with 22.1%, and Estonia with 21.9%, while the prevalence of dual use for water pipe and cigarettes was higher with 10% in the Czech Republic, Latvia, Estonia, Lebanon and West Bank, meanwhile, the tobacco smoking prevalence was the highest in West Bank with 21.3%, followed by Kuwait with 16.6%, and Lebanon with 13.7%, whereas that in Eastern Europe countries, the highest prevalence was in Latvia with 34.9%, followed by the Czech Republic with 31.6%, and Estonia with 30.8%.

In the same study, water pipe smoking prevalence was significantly higher among males than females in all Eastern Mediterranean countries except in Djibouti. In West Bank and Lebanon prevalence of water pipe was highest among all other countries such as (44.5% and 42.4% respectively) prevalence of waterpipe smoking among males was documented while (22.2% and 31.9% respectively) prevalence among females was documented. While for the rest of the countries, below 26% prevalence among males was documented. The prevalence of waterpipe among females in the other countries except for Jordan, Lebanon, Syria, and West Bank, was smaller than 10%.

Meanwhile, water pipe smoking prevalence was significantly higher among males than females in Azerbaijan, Hungary, Poland, Slovakia, Slovenia, and Ukraine; but no significant difference between males and females in the Czech Republic, Estonia, and Latvia. At all Eastern Mediterranean and Eastern European countries; current water pipe prevalence was significantly higher among cigarette than non-cigarette smokers.

According to Jiang et al. (2016), the prevalence of current waterpipe tobacco users among secondary school students in Hong Kong was low; in meaning that out of 45,857 students; 1.2 % reported waterpipe smoking, and of whom 43 % reported the concurrent use of cigarettes, However, water pipe tobacco was the most well-known alternative tobacco product used by students. The probability of explanations for this low prevalence might be that the water pipe in Hong Kong mainly target people with high socioeconomic status because it cost much more than cigarette smoking, the poor knowledge about the tobacco's hazards and students' positive attitudes toward smoking, and the school-based anti-tobacco education had been an important factor of the comprehensive tobacco control program in Hong Kong since the early 1980s.

Jamal et al (June 16, 2017) had been conducted their study of 2011- 2016 in middle school (grade 6-8) and high school (grade 9-12) in the USA using National Youth Tobacco Surveys (NYTS), they found that about 3.05 million (20.2%) of high school students reported to current use of any tobacco product that defined as using electronic cigarettes, cigarettes, cigars, smokeless tobacco, hookahs, pipe tobacco, and/or bidis on at least one day in the past 30 days, and 3.05 million students reported current use of any tobacco product, e-cigarettes with 11.3% (female 9.5%, male 13.1%) were the most commonly used tobacco product, followed by cigarettes with 8.0% (female 6.9%, male 9.1%), cigars with 7.7%, and hookahs with 4.8% (female 5.1%, male 4.5%), among middle school students; 7.2% (0.85 million) reported current use of any tobacco product, e-cigarettes were the most commonly used tobacco product with 4.3% (female 3.4%, male 5.1%), cigarettes with 2.2% (female 1.8%, male 2.5%), cigars (2.2%), hookahs with 2.0% (female 1.9%, male 2.1%). In 2011-2016, Among high school students, increases occurred for current use of e-cigarettes (1.5% to 11.3%) and hookahs (4.1% to 4.8%) and decrease occurred in the current use of cigarettes (15.8% to 8.0%) while among middle school students decrease occurred in the current use of any tobacco products (6.4% to 4.3%), cigarettes (4.3% to 2.2%), and increase occurred for current use of e-cigarettes (0.6% to 4.3%), and increase occurred for current use of hookahs (1.0% to 2.0%). During 2015–2016, among high school students; decreases occurred in the use of any tobacco product (25.3% to 20.2%), any tobacco product (17.2% to

13.8%), use more than 2 tobacco products (13.0% to 9.6%), e-cigarettes (16.0% to 11.3%), and hookahs (7.2% to 4.8%), and among middle school students; e-cigarette use decreased from (5.3% to 4.3%) and the hookahs prevalence remain the same, This decline in the use of tobacco products may be attributed to tobacco prevention and control strategies and efforts to reduce youth use of tobacco products such as youth access restrictions, smoke-free policies and information campaigns that warn against the dangers of young people using tobacco products.

3.3 Participants and Sample size

The participants of this study were students of government schools from primary and secondary schools among grade 4 till grade 7 (9 to 15 years) in the four districts (Anata, Hizma, Al-Ram, And Jaba). Each district has two schools, one for boys and the other for girls. Due to a high number of students in each grade the schools has multi groups for each grade. The number of students from grade 4 to grade 7 for the eight school were 1800 students. A lottery method was used to choose a random group for every grade, in which each group of a grade was assigned a number and folded. Then in each school, one group for each grade was picked by the author.

Total of 32 classrooms was chosen to have 844 students. Out of that number 36 students refused to participate, and 53 students were absent during data collection, which leads to having a sample size of 755 students (41.94% of total population).

55.36 % of the sample was girls, 44.64% was boys.

3.4 Instrumentation

Questionnaire method was used to collect data in this study. Baumrind's three parenting styles were assessed by Parental Authority Questionnaire (PAQ) (Buri, 1991), closed-form demographic questionnaire and tobacco information was assessed by Global Youth Tobacco Survey (GYTS).

3.4.1 Socio-demographic questionnaire

This questionnaire is in a closed form developed by the researcher (gender, grade, age, parental education, parental occupation, number of the siblings, family status, family type, and socioeconomic status). See Appendix A

3.4.2 Parental Authority Questionnaire (PAQ) (Buri, 1991)

PAQ is one of the most popular questionnaires for assessment of parenting styles that were developed by Buri (1991). It contains 30 items to measure parental authority or disciplinary practices on a child from the child's viewpoint, and it was designed to reflect three basic paternalistic styles: authoritarian, authoritative, and permissive. There are 10 elements for each of the three parental styles that component on a Likert scale of 5 points (ranging from 1 = disagree to 5 =agree). The Buri's PAQ Cronbach alpha to measure internal consistency for mother styles was shown as 0.75 for permissiveness, 0.85 for authoritarianism, and 0.82 for authoritativeness. While father styles were shown as 0.74 for permissiveness, 0.87 for authoritarianism, and 0.85 for authoritativeness. See Appendix B.

PAQ had been used in Arab countries by many researchers (Dwairy, 2004 a; Dwairy, 2004 b; Dwairy et al., 2006) and they mentioned the validity of the questionnaire, see Appendix C. The PAQ reliability test was performed for each type of the styles for father and mother. The result of the test is shown in the table below:

Table 3.1 Consistency Cronbach Alpha

		Cronbach's Alpha
Mother parenting styles	Authoritarian	0.712
	Authoritative	0.700
	Permissive	0.694
Father parenting styles	Authoritarian	0.759
	Authoritative	0.744
	Permissive	0.673

The Arabic version of PAQ was obtained by taking permission from Prof. Dr Marwan Dwari, the evident of permission is attached in Appendix C.

3.4.3 Global Tobacco Survey (GYTS)

It is a school-based survey designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programs. WHO (headquarters and the six regional offices) and CDC are the lead agencies managing the GYTS. The questionnaire consists of 56 core questions plus some optional questions that cover the use of tobacco, drug, and alcohol. 32 items were chosen. The Arabic version of GYTS was used in data collection. English and Arabic version of the survey was included as Appendix A and D.

3.5 Data collection

Data collection was done during November 2017. One group was filled at a time with the help of the author. Each group was having student between 20 to 40 students. In order for students to understand the questions easily and clearly the author read question by question and let them choose an answer. A session approximately took 60 minutes to finish. The process was done similarly for each grade of each school to have a consistent procedure.

3.6 Data Analysis

The statistical software IBM SPSS version 25 was used to analyse the data. Descriptive analyses were conducted using percentage, means, and standard deviation. Cross-tabulation was used to get a better view of understanding the descriptive analysis. Binary logistic regression analysis was done to assess the relationship between parenting styles and smoking among adolescents. The threshold for significance was 0.05.

3.7 Ethical Consideration and Procedure

To proceed with this study, ethical approval was given by Near East University/ Health Sciences Institute with project No. (YDU/2017/51-465), see Appendix E. And to proceed the data collection in each school; a permission from Palestinian Ministry of Education & Higher Education/ Educational Research & Development Centre with Ref No. (4/46/14354), see Appendix F, and a permission from Directorate of Education Higher Education/ Jerusalem Suburbs with Ref No. (3/1/1790), see Appendix F, was taken by the author and given to the principles of the schools.

The participants were informant about the intention of their participation and that was to volunteer in a research study. The questionnaires didn't require their identity. Their answers were reassured that will remain confidential. The choice of participating was given to them, and no harm was given to students. The author herself carried out the data collection process to minimize the bias in the procedures.

4 FINDINGS

4.1 Introduction

This chapter is presenting the results of the two questionnaires based on the objective of the study. Assessing parenting styles and effect on smoking among adolescents.

4.2 Demographic Statistics

4.1.1 Student's Demographic Statistics

Students were asked to state their demographic data (age, place, gender, and grade). The result is shown in table 4.1.

Table 4.1 Distribution of Students' Socio-Demographic Characteristics (n=755)

Characteristic		n	%
	9	94	12.49
	10	153	20.29
	11	207	27.39
	12	215	28.49
	13	78	10.29
	14	6	0.78
	15	2	0.27
Place of Schools	Anata	213	28.20
	Hizma	210	27.80
	Al-Ram	155	20.50
	Jaba'	177	23.40
Gender	Male	337	44.60
	Female	418	55.40
Grade	Grade 4	163	21.60
	Grade 5	185	24.50

	Grade 6	206	27.30
	Grade 7	201	26.60

The majority of students according to above table were between age 11 and 12 with 207 (27.39%) and 215 (28.49%) respectively, while the study had 337 male students with (44.60%) and 418 female students with (55.40%). The places almost were in close proportions.

Table 4.2 Distribution of Students' Parents Socio-Demographic Characteristics (n = 755)

		n	%
The situation of Student Family	Married	741	98.1
	Divorced	11	1.5
	Single Parent (Dead Father)	3	0.4
Type of Family	Extended Family	209	27.7
	Nuclear Family	546	72.3
Family Economy Status	Low	66	8.7
	Middle	479	63.4
	High	210	27.8
Father Education (n= 752)	Illiterate or Reading and writing	113	15
	Elementary and Middle school	127	16.8
	High school	303	40.1
	Bachelor	184	24.4
	Master and higher education	25	3.3
Students Father Occupation (n = 752)	Clerk	146	19.3
	Self-employed	569	75.4
	Unemployed	23	3
	Retired	10	1.3
	Others	4	0.5
Mother Education	Illiterate or Reading and writing	128	17
	Elementary and Middle school	187	24.8
	High school	267	35.4
	Bachelor	145	19.2
	Master and higher education	28	3.7
Students Mothers Occupation	Clerk	95	12.6
	Self-employed	71	9.4
	Unemployed	578	76.6
	Retired	8	1.1
	Others	3	0.4

It is clear that the majority of the families (98.1%) were married, (1.5%) divorced and (0.4%) single parent (dead father). It is worth to mention that in the case of a divorced family most of the students had contact with both parents and they evaluated both of them. 4 students (one in divorced family and 3 in the case of a dead father) having a mother as a single parent.

It is important to mention that (27.7%) of the students are living in an extended family which not only the parents but the other family members going to have an effect on them. It is clear that majority of mothers were a housewife (76.6%) and the majority of fathers were working as self-employed (75.7%). The highest prevalence for family socioeconomic status was for medium level with prevalence (63.4%) of families having medium economic status.

4.3 Adolescence and smoking:

Table 4.3 Comparison of smoking experience by the gender (n=755)

Gender	Tobacco experience		E-cigarette experience		Shisha experience	
	Yes		Yes		Yes	
	n	%	n	%	n	%
Males	103	65.78	168	75	270	63.1
Females	198	34.22	56	25	158	36.9
Total	301	100	224	100	428	100
Chi-square	90.565		118.826		136.096	
df	1		1		1	
Asymp. Sig.	0.000		0.000		0.000	

Table 4.3 shows student's experiences rate with the three types of smoking. The students who tried tobacco smoking was 301 students within (65.78%) of them were males and (34.22%) as females. E-cigarette experience between student was (75%) among males and (25%) for females, while the shisha experience was (63.1%) for males and (36.9%) for females. There is a significant difference with p-value < (0.001) between gender in smoking experimentations.

Table 4.4 Tobacco Smoking Age Initiation with Respect to Gender (n= 755)

Gender	Initiation age											
	None		7 years or less		8 - 9 years		10 -11 years		12-13 years		14-15 years	
	n	%	n	%	n	%	n	%	n	%	n	%
Males	139	30.62	48	61.54	61	62.89	59	64.13	28	96.55	2	40
Females	315	69.38	30	38.46	36	37.11	33	35.87	1	3.45	3	60
Total	454	100	78	100	97	100	92	100	29	100	5	100
Chi-square	104.0192											
df	5											
Asymp. Sig.	0.000											

The age on initiation of tobacco smoking was asked for the (39.87%) of the students that experienced tobacco and the result is shown in table 4.4

The finding shows that for both females and males students, 97 (32.22%) students tried to smoke tobacco within age (8-9) year, on the other hand it is clear that both genders was vulnerable to tobacco smoking in the early age (11) and below, which (88.70%) of total student who experienced tobacco smoking tried at age 11 and bellow. The difference between gender and age of tried smoking was significant among age 10-13 age.

4.4 The rate of smoking among the students

Table 4.5 Comparison of Smoking Prior of One Month

Gender	How many days you smoked													
	0 Day		One or two Days		Three to Five Dyas		Six to Nine Days		Ten to Twenty Days		Twenty to Twenty-nine Days		Thirty Days	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Males	65	46.1	72	76.6	16	94.1	14	93.3	8	88.9	8	100.0	15	88.2
Females	76	53.9	22	23.4	1	5.9	1	6.7	1	11.1	0	.0	2	11.8
Total	141	100	94	100	17	100	15	100	9	100	8	100	17	100
Chi-square	126.0151													
df	6													
Asymp. Sig.	0.000													

During one month prior to data collection, statistical data shows that there are 160 students (53.16%) smoked the last 30 days while (46.84%) have not smoked. Some male students with (88.2%) who were smoking whole month. The significant differences showed between male and female in this table.

4.5 Shisha

Table 4.6 Location of Shisha Experimentation among Gender

Gender	Shisha smoking place									
	I did not smoke shisha during the past 30 days		At home		At a coffee shop		At a restaurant		Other	
	n	%	n	%	n	%	n	%	n	%
Males	102	26.4	169	62.4	45	63.4	10	62.5	11	100
Females	284	73.6	102	37.6	26	36.6	6	37.5	0	.0
Total	386	100	271	100	71	100	16	100	11	100
Chi-square	112.0623									
df	4									
Asymp. Sig	0.000									

Total students who smoked Shisha last 30 days received from their own home was 271 students with a percentage (62.4%) for males and (37.6%) for females. This is maybe because having shisha in most of the families are permitted.

4.6 Parenting styles

Parenting style of each individual participants was measured according to the subscale of the PAQ questionnaire. The highest number from a summation of the specific questions give priority for that parenting style. There are some students that summation of two of the three parenting style was similar, that it could not fall within one of the three parenting styles of Baumrind. Those mixed mode styles were considered as a missing value in order not to affect the result of the analysis. Some frequency analysis was run to see the statistics of parenting style with demographic data.

Table 4.7 shows the distribution of all three parent styles within the data.

Table 4.7 Father and Mother Parenting Styles

		n	%
(n=719) Father parenting styles	Authoritarian	379	52.7%
	Authoritative	309	43.0%
	Permissive	31	4.3%
(n=716) Mother parenting styles	Authoritarian	362	50.6%
	Authoritative	326	45.5%
	Permissive	28	3.9%

It is clear that authoritarian parenting is the major parenting style among Palestinian families for both father and mother with (52.7%) and (50.6%) and (respectively. Followed by authoritative parenting having (43.0%) and (45.5%) for father and mother respectively of the total population. Permissive parenting style among Palestinian families is very rare, with (4.3%) for father (3.9%) for mother of the total population.

4.7 Hypothesis tests

4.7.1 Tobacco and Parenting Styles

To test the first hypothesis H1 for tobacco smoking and parenting styles; the Chi-squared test was performed for both parents.

Table 4.8 Comparison of tobacco smoking by father's parenting styles (n= 719)

		Father Parenting Styles					
		Authoritarian		Authoritative		Permissive	
		n	%	n	%	n	%
Tobacco smoking experimentation	No	200	52.77	218	70.55	14	45.16
	Yes	179	47.23	91	29.45	17	54.84
	Total	379	100.00	309	100.00	31	100.00
Pearson Chi-Square		25.444					
Df		2					
Asymp. Sig.		.000					

The result of the test for father's parenting styles was significant at a level of $p < 0.001$. The null hypothesis was rejected and the alternative was accepted. Which means there is a significant correlation between father's parenting styles and tobacco smoking experimentation among adolescence.

Table 4.9 Comparison of tobacco smoking by mother's parenting styles (n= 716)

		Mother Parenting Styles					
		Authoritarian		Authoritative		Permissive	
		n	%	n	%	n	%
Tobacco smoking experimentation	No	190	52.49	226	69.33	11	39.29
	Yes	172	47.51	100	30.67	17	60.71
	Total	362	100.00	326	100.00	28	100.00
Pearson Chi-square		25.219					
Df		2					
Asymp. Sig.		.000					

The result of the test for Mothers' parenting styles was significant as well in a level of $p < 0.001$. The null hypothesis was rejected and the alternative was accepted. Which means there is a significant correlation between Mother's parenting style and tobacco smoking experimentation among adolescents.

To check the second, third, and fourth hypothesis (H2, H3, and H4), Binary logistic regression was performed for both parent's parenting styles and tobacco smoking experimentation among adolescents. The result of the tests is shown below:

Table 4.10 Binary logistic regression between Tobacco Smoking and Father's Parenting Styles

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1a	Father			24.993	2	.000			
	Authoritarian	-.305	.375	.661	1	.416	.737	.353	1.538
	Authoritative	-1.068	.382	7.819	1	.005	.344	.163	.727
	Permissive	.194	.361	.289	1	.591	1.214		
Model Summary									
-2 Log likelihood			Cox & Snell R Square			Nagelkerke R Square			
941.514			0.0352			0.0476			
Hosmer and Lemeshow Test									
Chi-square			df			Sig.			
0.1151			2			0.734			

For father parenting styles and tobacco smoking experimentation, the result for Hosmer and Lemeshow test showed of the goodness of fit suggests the model is a good fit to the data as $p=0.734$ (>0.05). The second and third hypothesis was failed to reject for authoritarian and permissive style at a level of $p\text{-value} > 0.05$. Which means there is a significant correlation between authoritarian and permissive style and smoking experimentation. Meanwhile, the fourth hypothesis was rejected at a level of ($p\text{-value} < 0.05$) which means that authoritative style had no significant correlation on students smoking experimentation. The result shows that authoritarian and permissive parenting styles lead to be less protective of their adolescent to smoke tobacco rather than authoritative style.

Table 4.11 Binary logistic regression between Tobacco Smoking and Mother's Parenting Styles

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1a	Mother			24.679	2	.000			
	Authoritarian	-.535	.401	1.779	1	.182	.586	.267	1.285
	Authoritative	-1.251	.405	9.529	1	.002	.286	.129	.633
	Permissive	.435	.387	1.266	1	.261	1.545		
Model Summary									
-2 Log likelihood			Cox & Snell R Square			Nagelkerke R Square			
940.405			0.035			0.047			
Hosmer and Lemeshow Test									
Chi-square			df			Sig.			
0.1151			2			0.734			

For mother parenting styles and tobacco smoking experimentation, the result for Hosmer and Lemeshow test showed of the goodness of fit suggests the model is a good fit to the data as $p=0.734 (>0.05)$. The second and third hypothesis was failed to reject for authoritarian and permissive style at a level of $p\text{-value} > 0.05$. Which means there is a significant correlation between authoritarian and permissive style and smoking experimentation. Meanwhile, the fourth hypothesis was rejected at a level of ($p\text{-value} < 0.05$) which means that authoritative style had no significant correlation on students smoking experimentation. The result shows that authoritarian and permissive parenting styles lead to be less protective of their adolescent to smoke tobacco rather than authoritative style.

4.7.2 Shisha and Parenting Styles

To test the first hypothesis H1 for Shisha smoking experimentation and parenting styles, the Chi-squared test was performed for both parents.

Table 4.12 Comparison of shisha smoking experimentation by father's parenting styles (n= 719)

		Father Parenting Styles					
		Authoritarian		Authoritative		Permissive	
		n	%	n	%	n	%
Shisha smoking experimentation	Yes	231	60.95	154	49.84	20	64.52
	No	148	39.05	155	50.16	11	35.48
	Total	379	100.00	309	100.00	31	100.00
Pearson Chi-Square		9.427					
Df		2					
Asp. Sig. (2-sided)		.009					

The result of the test for father's parenting style was significant at a level of $p(0.009) < 0.05$. The hypothesis was rejected and the alternative was accepted. Which means there is a significant correlation between father's parenting styles and Shisha smoking experimentation among adolescents.

Table 4.13 Comparison of shisha smoking experimentation by mother's parenting styles (n= 716)

		Mother Parenting Styles					
		Authoritarian		Authoritative		Permissive	
		n	%	n	%	n	%
Shisha smoking experimentation	Yes	227	62.71	159	48.77	20	71.43
	No	135	37.29	167	51.23	8	28.57
	Total	362	100.00	326	100.00	28	100.00
Pearson Chi-Square		16.139					
Df		2					
Asymp. Sig. (2-sided)		.000					

The result of the test for Mothers' parenting style was significant as well at a level of $p < 0.001$. The null hypothesis was rejected and the alternative was accepted. Which means there is a significant correlation between Mother's parenting style and Shisha smoking experimentation among adolescence.

To check the second, third and fourth null hypothesis (H2, H3, and H4), binary logistic regression was performed for both parent's parenting styles and Shisha smoking experimentation among adolescence. The result of the tests is shown below:

Table 4.14 Binary logistic regression between shisha smoking experimentation and father's parenting styles

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1a	Father			9.377	2	.009			
	Authoritarian	.153	.390	.153	1	.695	1.165	.543	2.501
	Authoritative	.604	.392	4.374	1	.012	1.830	.848	3.948
	Permissive	-.598-	.375	2.536	1	.111	.550		
Model Summary									
-2 Log likelihood			Cox & Snell R Square			Nagelkerke R Square			
975.767			0.013			0.017			
Hosmer and Lemeshow Test									
Chi-square			df			Sig			
0.2939			2			0.588			

For father parenting styles and shisha smoking experimentation, the result for Hosmer and Lemeshow test shows of the goodness of fit suggests the model is a good fit to the data as $p=0.588$ (>0.05). The hypothesis was failed to rejected for authoritarian and permissive style at a level of $p > (0.05)$, which means there is a significant correlation between authoritarian and permissive style and shisha smoking experimentation. Meanwhile, the authoritative style has no significant relation on students Shisha smoking experimentation with $p\text{-value} < 0.05$.

Table 4.15 Binary logistic regression between shisha smoking experimentation and mother's parenting styles

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1a	Mother			15.949	2	.000			
	Authoritarian	.397	.432	.842	1	.359	1.487	.637	3.469
	Authoritative	.965	.433	4.976	1	.026	2.626	1.124	6.132
	Permissive	-.916-	.418	.834	1	.460	.400		
Model Summary									
-2 Log likelihood			Cox & Snell R Square			Nagelkerke R Square			
963.438			0.022			0.030			
Hosmer and Lemeshow Test									
Chi-square			df			Sig.			
0.2939			2			0.588			

For mother parenting styles and shisha smoking, the result for Hosmer and Lemeshow test shows of the goodness of fit suggests the model is a good fit to the data as $p=0.588$ (>0.05). The hypothesis was failed to rejected for authoritarian and permissive style at a level of $p > (0.05)$, which means there is a significant correlation between authoritarian and permissive style and Shisha smoking experimentation. Meanwhile, the authoritative style has no significant relation on students Shisha smoking experimentation with $p\text{-value} < 0.05$. The result shows that authoritative parents lead to more protection of their children from shisha smoking experimentation.

4.7.3 E-Cigarette and Parenting Styles

To test the first hypothesis H1 for E-cigarette smoking and parenting styles, the Chi-squared test was performed for both parents.

Table 4.16 Comparison of E-cigarette smoking experimentation by father's parenting styles (n=719)

		Father Parenting Styles					
		Authoritarian		Authoritative		Permissive	
		N	%	N	%	N	%
E-cigarette smoking experimentation	Yes	133	35.09	69	22.33	9	29.03
	No	246	64.91	240	77.67	22	70.97
	Total	379	100.00	309	100.00	31	100.00
Pearson Chi-Square		13.373					
Df		2					
Asymp. Sig. (2-sided)		.001					

The result of the test for father's parenting style was significant at a level of p (0.001) < 0.05 . The null hypothesis was rejected and the alternative was accepted. Which means there is a significant correlation between father's parenting styles and E-cigarette smoking experimentation among adolescents.

Table 4.17 Comparison of E-cigarette smoking experimentation by mother's parenting styles (n=716)

		Mother Parenting Style					
		Authoritarian		Authoritative		Permissive	
		N	%	N	%	N	%
E-cigarette smoking experimentation	Yes	128	35.36	71	21.78	12	42.86
	No	234	64.64	255	78.22	16	57.14
	Total	362	100.00	326	100.00	28	100.00
Pearson Chi-Square		17.732					
Df		2					
Asymp. Sig. (2-sided)		.000					

The result of the test for Mothers' parenting styles was significant as well at the level of $p < 0.001$. The null hypothesis was rejected and the alternative was accepted. Which means there is a significant correlation between Mother's parenting styles and E-cigarette smoking experimentation among adolescents

To check the second, third and fourth hypothesis (H2, H3, and H4), binary logistic regression was performed for both parenting styles and E-cigarette smoking experimentation among adolescents. The result of the tests is shown below:

Table 4.18 Binary logistic regression between E-cigarette smoking and father's parenting styles

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1a	Father			13.197	2	.001			
	Authoritarian	-.279-	.410	.462	1	.497	.757	.339	1.690
	Authoritative	.353	.419	5.710	1	.039	1.423	.626	3.232
	Permissive	.894	.396	.103	1	.24	2.444		
Model Summary									
-2 Log likelihood			Cox & Snell R Square			Nagelkerke R Square			
856.739			0.019			0.027			
Hosmer and Lemeshow Test									
Chi-square			df			Sig.			
1.6342			2			0.442			

For father parenting styles and E-cigarette smoking experimentation, the result for Hosmer and Lemeshow test shows of the goodness of fit suggests the model is a good fit to the data as $p=0.442$ (>0.05). The hypothesis was failed to rejected for authoritarian and permissive style at a level of $p\text{-value} > (0.05)$, which means there is a significant correlation between authoritarian and permissive style and E-cigarette smoking experimentation. Meanwhile, the authoritative style has no significant relation on students E-cigarette smoking experimentation with $p\text{-value} < (0.05)$. The result shows that authoritative parents lead to more protection of their children from E-cigarette smoking experimentation.

Table 4.19 Binary logistic regression between E-cigarette smoking and mother's parenting styles

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1a	Mother			17.404	2	.000			
	Authoritarian	.316	.397	.631	1	.427	1.371	.629	2.988
	Authoritative	.991	.405	5.993	1	.014	2.694	1.218	5.955
	Permissive	.288	.382	.568	1	.451	1.333		
Model Summary									
-2 Log likelihood			Cox & Snell R Square			Nagelkerke R Square			
850.295			0.025			0.035			
Hosmer and Lemeshow Test									
Chi-square			df			Sig.			
1.6342			2			0.442			

For mother parenting styles and E-cigarette smoking experimentation, the result for Hosmer and Lemeshow test shows of the goodness of fit suggests the model is a good fit to the data as $p=0.442$ (>0.05). The hypothesis was failed to rejected for authoritarian and permissive style at a level of $p\text{-value} > (0.05)$, which means there is a significant correlation between authoritarian and permissive style and E-cigarette smoking experimentation. Meanwhile, the authoritative style has no significant relation on students E-cigarette smoking experimentation with $p\text{-value} < (0.05)$. The result shows that authoritative parents lead to more protection of their children from E-cigarette smoking experimentation.

5 DISCUSSION

The study conducted to assess the impact of father and mother's parenting styles and smoking among adolescents between age 9-15 in grade four till seven. In the present study, the students between age 11-12 had the highest prevalence among participants. The difference among gender was clear, female students had the highest prevalence with 55.40% among total 755 participants. the majority of the students' family was married and living in nuclear families with prevalence 98.1% and 72.3% respectively. The students live among middle-class family with 63.4% and according to PCBS; the average monthly household economic status is between (3000-3200) NIS for 2015. Self-employed was the highest among father's occupation with rate 75.4% and unemployed mother with a rate of 76.6%.

In the present study, the result showed that students who experienced cigarette smoking were (65.78%) for males and (34.22%) for females. The experimentation for tobacco smoking was (88.70%) within age 11 and below. The E-cigarette prevalence among students with (75%) for males and (25%) for females. Shisha experimentation was the highest percentage for the male with (63.1%), the last 30 days from data collection, 271 of students smoked shisha received inside their own home.

The first hypothesis claimed that no significant relation between parenting styles whereas father styles or mother styles and adolescents' smoking. The findings for this hypothesis was confirmed that there was a relationship between the parenting style and cigarette smoking, this finding similar to the finding that Berge et al., (2016) found it, that there was a relationship between parenting styles and their adolescents smoking. Adolescents' smoking in this study assessed cigarette smoking, water pipe (shisha) smoking, and e-cigarette. The three types are significant for parenting styles for both parents.

The second, third and fourth hypothesis about the relationship between different styles on adolescents' smoking. The current study result showed that p-value was for authoritarian style with cigarette smoking was (0.416) & (0.182) respectively for

father and mother. for permissive father and permissive mother (0.591) & (0.261) and for authoritative style had p-value for father (0.005) and of the mother (0.002). That means there is a significant relationship between authoritarian and permissive style on adolescents' cigarette smoking as the finding in Becoña et al. (2013) study. While the authoritative style for both parents had the ability to protect their adolescents from smoking tobacco. The Shisha and E-cigarette findings were the same for cigarette smoking that authoritarian and permissive father and mother styles could not protect the adolescent from trying whereas authoritative parents protected.

In contrary to the Organza et al (2015) that reported there was a relation between authoritarian parents that may be used to be angry and punish their child if the child tried to smoke water pipe or cigarette. In Wang et al. (2015), they found the father control has a positive relationship with their adolescents smoking.

The result showed that authoritative parenting styles both parents were more protective toward smoking among their adolescents, that finding was the same in the Authoritative parents seemed to be linked with lower odds of using tobacco among adolescents (Calafat et al., 2014; Tondowski et al., 2015), while Cafalat et al. (2014) reported that authoritarian parents were linked with the highest rates of tobacco use among adolescents.

The prevalence for the adolescents who tried cigarette smoking is different among gender that males' prevalence in three types of smoking in the current study. This significant difference between gender shown as well in Obaid et al (2014) that mentioned 21.7% of males tried cigarette smoking versus 6.2% for females. According to Larsen et al. (2016) stated that males among grade 9-12 had smoked water pipe with prevalence 14.5% while females (10.6%) and for e-cigarette; the males were 18.3% and females 9.9%. the water pipe had a high prevalence among females as well because it is socially acceptable.

The results of this study were similar to many previously conducted studies in the Arab population. The reasons for this type of outcomes in Arab societies might be that parent trying to raise their children according to customs and traditions or follow the same style that their parents' had followed. In other words, the socialization

process for Arab parents is inherited from generation to generation, forgetting the temporal differences and the different requirements between each and every generation.

The authoritarian style is the most favourite style that Arab communities followed to raise their children because they believed that will lead to positive outcomes for their children, and the authoritative and permissive style that will lead to having negative outcomes because they believed this styles will spoil their children in future.

The age 11 and below is a critical age for the students because most of them they tried among these ages, that gave to indicate the importance of the parental relationship with their children. At this point, parents have to be more aware of their children's lives and to try to be built close relationships. The smoking tobacco, Shisha, or E-cigarette are more common among children because it is affordable and more easy to access to have it whether form family members, friends, or purchases from shops. The social acceptance of smoking Shisha leads to having the highest rate among adolescent either males nor females, especially at home.

6 RESULTS AND SUGGESTIONS

The following conclusions can be made:

1. Major parenting style for the four suburbs for both parents was authoritarian.
2. Prevalence of smoking experimentation (Tobacco, Shisha, and E-cigarette) among male students was higher than the prevalence among female students.
3. There is a significant correlation between parenting styles and smoking experimentation among adolescents.
4. There is a significant correlation between permissive parenting style on adolescent from smoking experimentation.
5. There is a significant correlation between authoritarian parenting style on adolescent from smoking experimentation.
6. There is no significant correlation between authoritative parenting style and adolescent from smoking experimentation.
7. The authoritative parenting style leads to protect adolescent from smoking experimentation.

The following recommendations can be made:

1. More study shall be conducted to get a better understanding of the relation between shisha and e-cigarette, and parenting styles among adolescents.
2. Holding programs and workshops to educate people about the effectiveness of parenting styles on their children's lives.
3. Holding programs and workshops continuously to educate parents and children about the dangers of smoking.

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8 APPENDIXES

8.1 Appendix A

Global Youth Tobacco Survey (GYTS)

Instructions

- Please read each question carefully before answering it.
- Choose the answer that best describes what you believe and feels to be correct.
- Choose only one answer for each question
- If you have to change your answer, don't worry, just erase it completely, without

leaving marks.

Introduction

Thank you for participating in this survey. Before you start, please read the following information that will help you to answer the questions.

The questions will ask about smoking cigarettes.

The first few questions ask for some background information about yourself.

C1. How old are you?

- a. 9 years old or younger
- b. 10-year-old
- c. 11-year-old
- d. 12-year-old
- e. 13-year-old
- f. 14-year-old
- g. 15 years old or older

C2. What is your sex?

- a. Male
- b. Female

C3. In what grade/form are you?

- a. 4th
- b. 5th
- c. 6th
- d. 7th

C4. Which one describes your family status?

- a. Married
- b. Divorced
- c. other (s) -----

C5. Please select your family type

- a. Extended Family

- b. Nuclear Family

C6. How many brother and sisters do you have?

- a. Non
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5 and above

C7. Please specify your family socioeconomic status

- a. High
- b. Middle
- c. Low

C8. Father education level

- a. Illiterate
- b. Reading and writing
- c. Elementary school
- d. Middle school
- e. High school
- f. High school diploma
- g. Associate diploma
- h. Bachelor's degree
- i. Master's degree and higher

C9. Father's occupation

- a. Clerk
- b. Self-employed
- c. Unemployed
- d. Retired
- e. Others (Please write it down) -----

C10. Mother education level

- a. Illiterate
- b. Reading and writing
- c. Elementary school
- d. Middle school
- e. High school
- f. High school diploma
- g. Associate diploma
- h. Bachelor's degree
- i. Master's degree and higher

C11. Mother's occupation

- a. Clerk
- b. Self-employed
- c. Unemployed
- d. Retired
- e. Others (Please write it down) -----

C12. During an average week, how much money do you have that you can spend on yourself, however you want?

- a. I usually don't have any spending money

- b. Less than 15 NIS
- c. 15 – 20 NIS
- d. 20 – 25 NIS
- e. 25 – 30 NIS
- f. 30 – 35 NIS
- g. 35 NIS and above

The next questions ask about your use of tobacco.

C13. Have you ever tried or experimented with cigarette smoking, even one or two puffs?

- a. Yes
- b. No

C14. How old were you when you first tried a cigarette?

- a. I have never tried smoking a cigarette
- b. 7 years old or younger
- c. 8 or 9-year-old
- d. 10 or 11-year-old
- e. 12 or 13-year-old
- f. 14 or 15-year-old

C15. During the past 30 days, on how many days did you smoke cigarettes?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

C16. Please think about the days you smoked cigarettes during the past 30 days. How many cigarettes did you usually smoke per day?

- a. I did not smoke cigarettes during the past 30 days
- b. Less than 1 cigarette per day
- c. 1 cigarette per day
- d. 2 to 5 cigarettes per day
- e. 6 to 10 cigarettes per day
- f. 11 to 20 cigarettes per day
- g. More than 20 cigarettes per day

The next questions ask about your feelings toward stopping smoking.

C17. Do you want to stop smoking now?

- a. I have never smoked
- b. I don't smoke now
- c. Yes
- d. No

The next questions ask about your exposure to other people's smoking.

C18. During the past 7 days, on how many days has anyone smoked inside your home, in your presence?

- a. 0 days

- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

C19. During the past 7 days, on how many days has anyone smoked in your presence, inside any public place, other than your home (such as school, shops, restaurants, shopping malls, movie theatres, playgrounds, sidewalks, entrances to buildings, parks, beaches)?

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

C20. Do you think the smoke from other people's tobacco smoking is harmful to you?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

C21. Are you in favour of banning smoking inside enclosed public places (such as: schools, shops, restaurants, shopping malls, movie theatres, playgrounds, sidewalks, entrances to buildings, parks, beaches)?

- a. Yes
- b. No

The next questions ask about getting cigarettes.

C22. The last time you smoked cigarettes during the past 30 days, how did you get them? (SELECT ONLY ONE RESPONSE)

- a. I did not smoke any cigarettes during the past 30 days
- b. I bought them in a store
- c. I got them from a friend
- d. I got them from a family member
- e. I got them some other way

C23. During the past 30 days, did anyone refuse to sell you cigarettes because of your age?

- a. I did not try to buy cigarettes during the past 30 days
- b. Yes, someone refused to sell me cigarettes because of my age
- c. No, my age did not keep me from buying cigarettes

The next questions ask about your knowledge of messages that are against using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

C24. During the past 30 days, did you see or hear any anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines, or movies?

- a. Yes
- b. No

C25. During the past 30 days, did you see or hear any anti-tobacco messages at sports events, fairs, concerts, or community events, or social gatherings?

- a. I did not go to sports events, fairs, concerts, or community events, or social gatherings in the past 30 days
- b. Yes

c. No

C26. During the past 12 months, were you taught in any of your classes about the dangers of tobacco use?

a. Yes

b. No

c. I don't know

The next questions ask about your knowledge of advertisements or promotions for tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

C27. During the past 30 days, did you see any people using tobacco when you watched TV, videos, or movies?

a. I did not watch TV, videos, or movies in the past 30 days

b. Yes

c. No

C28. Has a person working for a tobacco company ever offered you a free tobacco product?

a. Yes

b. No

The next questions ask about your attitudes and beliefs about using tobacco.

C29. If one of your best friends offered you a tobacco product, would you use it?

a. Definitely not

b. Probably not

c. Probably yes

d. Definitely yes

C30. At any time during the next 12 months do you think you will use any form of tobacco?

a. Definitely not

b. Probably not

c. Probably yes

d. Definitely yes

C31. Once someone has started smoking tobacco, do you think it would be difficult for them to quit?

a. Definitely not

b. Probably not

c. Probably yes

d. Definitely yes

C32. Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or other social gatherings?

a. More comfortable

b. Less comfortable

c. No difference whether smoking or not

C33. Do you agree or disagree with the following: "I think I might enjoy smoking a cigarette?"

a. I currently smoke cigarettes

b. Strongly agree

c. Agree

d. Disagree

e. Strongly disagree.

C34. Have you tried e-cigarette before?

a. Yes

b. No

The next questions ask about shisha smoking.

C35. Have you ever tried or experimented with shisha smoking, even one or two puffs?

- a. Yes
- b. No

C36. How old were you when you first tried smoking shisha?

- a. I have never tried smoking shisha
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. I had never tried smoking shisha

C37. Do you think the smoke from other people's shisha smoking is harmful to you?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

C38. The last time you smoked shisha during the past 30 days, where did you smoke it? (SELECT ONLY ONE RESPONSE)

- a. I did not smoke shisha during the past 30 days
- b. At home
- c. At a coffee shop
- d. At a restaurant
- e. Other

C39. During the past 30 days, did anyone refuse to serve you shisha because of your age?

- a. I did not try to get shisha served to me during the past 30 days
- b. Yes, someone refused to serve me shisha because of my age
- c. No, my age did not keep me from being served shisha

C40. If one of your best friends offered you shisha, would you smoke it?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

Thank you for participating in the survey

8.2 Appendix B

Parental Authority Questionnaire

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your mother or father. Try to read and think about each statement as it applies to you and your mother or your father during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree

		Mother	Father
1	While I was growing up my mother/father felt that in a well-run home the children should have their way in the family as often as the parents do.	1 2 3 4 5	1 2 3 4 5
2	Even if her/his children didn't agree with her, my mother/father felt that it was for our own good if we were forced to conform to what she/he thought was right.	1 2 3 4 5	1 2 3 4 5
3	Whenever my mother/father told me to do something as I was growing up, she/he expected me to do it immediately without asking any questions.	1 2 3 4 5	1 2 3 4 5
4	As I was growing up, once the family policy had been established, my mother/father discussed the reasoning behind the policy with the children in the family.	1 2 3 4 5	1 2 3 4 5
5	My mother/father has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.	1 2 3 4 5	1 2 3 4 5
6	My mother/father has always felt that what her/his children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	1 2 3 4 5	1 2 3 4 5
7	As I was growing up my mother/father did not allow me to question any decision she/he had made.	1 2 3 4 5	1 2 3 4 5
8	As I was growing up my mother/father directed the activities and decisions of the children in the family through reasoning and discipline.	1 2 3 4 5	1 2 3 4 5
9	My mother/father has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	1 2 3 4 5	1 2 3 4 5
10	As I was growing up my mother/father did not feel that I needed to obey rules and regulations of behaviour simply because someone in authority had established them.	1 2 3 4 5	1 2 3 4 5
11	As I was growing up I knew what my mother/father expected of me in my family, but I also felt free to discuss those expectations with my mother/father when I felt that they were unreasonable.	1 2 3 4 5	1 2 3 4 5
12	My mother/father felt that wise parents should teach their children early just who is boss in the family.	1 2 3 4 5	1 2 3 4 5
13	As I was growing up, my mother/father seldom gave me expectations and guidelines for my behaviour.	1 2 3 4 5	1 2 3 4 5

14	Most of the time as I was growing up my mother/father did what the children in the family wanted when making family decisions.	1 2 3 4 5	1 2 3 4 5
15	As the children in my family were growing up, my mother/father consistently gave us direction and guidance in rational and objective ways.	1 2 3 4 5	1 2 3 4 5
16	As I was growing up my mother/father would get very upset if I tried to disagree with her.	1 2 3 4 5	1 2 3 4 5
17	My mother/father feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	1 2 3 4 5	1 2 3 4 5
18	As I was growing up my mother/father let me know what behaviour she/he expected of me, and if I didn't meet those expectations, she/he punished me.	1 2 3 4 5	1 2 3 4 5
19	As I was growing up my mother/father allowed me to decide most things for myself without a lot of direction from her.	1 2 3 4 5	1 2 3 4 5
20	As I was growing up my mother/father took the children's opinions into consideration when making family decisions, but she/he would not decide on something simply because the children wanted it.	1 2 3 4 5	1 2 3 4 5
21	My mother/father did not view herself as responsible for directing and guiding my behaviour as I was growing up.	1 2 3 4 5	1 2 3 4 5
22	My mother/father had clear standards of behaviour for the children in our home as I was growing up, but she/he was willing to adjust those standards to the needs of each of the individual children in the family.	1 2 3 4 5	1 2 3 4 5
23	My mother/father gave me direction for my behaviour and activities as I was growing up and she/he expected me to follow her/his direction, but she/he was always willing to listen to my concerns and to discuss that directly with me.	1 2 3 4 5	1 2 3 4 5
24	As I was growing up my mother/father allowed me to form my own point of view on family matters and she/he generally allowed me to decide for myself what I was going to do.	1 2 3 4 5	1 2 3 4 5
25	My mother/father has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.	1 2 3 4 5	1 2 3 4 5
26	As I was growing up my mother/father often told me exactly what she/he wanted me to do and how she/he expected me to do it.	1 2 3 4 5	1 2 3 4 5
27	As I was growing up my mother/father gave me clear direction for my behaviours and activities, but she/he was also understanding when I disagreed with her.	1 2 3 4 5	1 2 3 4 5
28	As I was growing up my mother/father did not direct the behaviours, activities, and desires of the children in the family.	1 2 3 4 5	1 2 3 4 5

29	As I was growing up I knew what my mother/father expected of me in the family and she/he insisted that I conform to those expectations simply out of respect for her/his authority.	1 2 3 4 5	1 2 3 4 5
30	As I was growing up, if my mother/father made a decision in the family that hurt me, she/he was willing to discuss that decision with me and to admit it if she/he had made a mistake.	1 2 3 4 5	1 2 3 4 5

Description: The PAQ is designed to measure parental authority, or disciplinary practices, from the point of view of the child (of any age). The PAQ has three subscales: permissive (P: items 1, 6, 10, 13, 14, 17, 19, 21, 24 and 28), authoritarian (A: items 2, 3,

7, 9, 12, 16, 18, 25, 26 and 29), and authoritative/flexible (F: items 4, 5, 8, 11, 15, 20, 22, 23, 27, and 30). Mother and father forms of the assessment are identical except for references to gender.

Scoring: The PAQ is scored easily by summing the individual items to comprise the subscale scores. Scores on each subscale range from 10 to 50.

Author: Dr John R. Buri, Department of Psychology, the University of St. Thomas, 2115 Summit Avenue, St. Paul, MN 55105.

Source: Buri, J.R. (1991). Parental Authority Questionnaire, *Journal of Personality and Social Assessment*, 57, 110-119

8.3 Appendix C

استبيان السلطة الأبوية

التعليمات: لكل عبارة من العبارات التالية، ضع دائرة حول عدد المقياس المكون من 5 نقاط (1 = لا أوافق بشدة، 5 = أوافق بشدة) الذي يصف بشكل أفضل كيف ينطبق هذا البيان عليك وعلى أمك أو والدك. حاول أن تقرأ وتفكر في كل بيان كما ينطبق عليك وأمك أو والدك خلال سنواتك من النمو في المنزل. لا توجد إجابات صحيحة أو خاطئة، لذلك لا تنفق الكثير من الوقت على أي بند واحد. نحن نبحث عن انطباعك العام بخصوص كل عبارة. تأكد من عدم حذف أي عناصر

١: لا أوافق بشدة

٢: لا أوافق

٣: لا أوافق ولا نختلف

٤: أوافق

٥: أوافق بشدة

والدي	والدتي	
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	١ يعتقد والدي/والدتي بأن للأبناء والبنات الحق أن يختاروا طريقهم مثلما أن للوالدين الحق أن يختاروا طريقهما
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٢ عندما لا يتوافق رأي والدي/والدتي مع رأينا، يعتقدان بأن مصلحتنا تتطلب إرغامنا على طاعة رأيهما
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٣ يتوقع والدي/والدتي مني تنفيذ كل ما يطلبانه فورا ودون أسئلة
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٤ عندما يكون والدي/ والدتي رأي في شؤون العائلة فإنهما يفسرانه ويناقشانه مع أبنائهما وبناتهما
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٥ يشجعان والدي/ والدتي تبادل الرأي والأخذ والعطاء عندما يعارض أبنائهما وبناتهما رأيهما
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٦ والدي/ والدتي يعتقدان بأن للأبناء والبنات الحق أن يقرروا بأنفسهم ما يفعلون حتى لو كان ذلك يخالف رأي الوالدين
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٧ والدي/ والدتي لا يسمحان لي بمجادلة قراراتهما
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٨ والداي/ والداتي يوجهان سلوك أبنائهما وبناتهما بشكل منطقي ومودب
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	٩ والدي/ والدتي يعتقدان بأن على الوالدين استخدام قوة أكبر لجعل الأبناء والبنات يتصرفون كما يجب
١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥	١٠ يعتقدان والدي/ والدتي بأنني أستطيع معارضة الأنظمة والقوانين وأن لي الحق ألا أطيعهما بشكل أعمى

١١	والدي/والدتي يوضحان لي توقعاتهما مني وفي نفس الوقت يتقبلان مناقشة رأيهما عندما لا أوافقهما	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٢	والدي/ والدتي والداي يعتقدان بأن على الوالدين أن يبينوا لأبنائهم وبناتهم منذ صغرهم من هو صاحب الكلمة الأخيرة في البيت.	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٣	قلما يتدخل والدي/ والدتي بما أفعل أو يوجهان سلوكي	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٤	فيما يتعلق بشؤون العائلة ، والداي/ والدتي يسيران دائما حسب إرادة الأبناء والبنات	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٥	والداي/ والداتي يوجهان أبنائهما وبناتهما باستمرار وبشكل موضوعي ومنطقي	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٦	والدي/ والدتي يغضبان عندما أحاول مخالفة رأيهما	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٧	والدي/ والدتي يعتقدان بأن مشاكل المجتمع ستحل لو توقف الوالدان عن تقييد سلوك ورغبات أبنائهما وبناتهما	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٨	والداي/ والداتي يحددان بوضوح ما يتوقعانه مني ويعاقباني بشدة عندما لا أستجيب لتوقعاتهما	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
١٩	والداي/ والدتي يسمحان لي أن أقرر معظم الأشياء التي تخصني دون تدخل أو توجيه منهما	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٠	والداي/ والدتي يأخذان رأي أبنائهما وبناتهما في الاعتبار عند التقرير في شؤون تخص أفراد العائلة	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢١	والداي/ والدتي لا يعتبران نفسيهما مسؤولين عن التحكم في سلوكي وعن توجيهي	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٢	رغم أن والدي/ والدتي طريقة واضحة في التعامل مع أبنائهما وبناتهما إلا أنهما على استعداد لملاءمة هذا النهج أو الطريقة لحاجات أفراد العائلة	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٣	والدي/ والدتي يوجهان سلوكي وأفعالي لكنهما مستعدان للإصغاء لرأيي وشعوري وأخذه بالاعتبار	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٤	والدي/ والدتي يتركان لي كامل الحرية لأقرر ما أفعل ولأكون رأيي الخاص بما يتعلق بشؤون العائلة	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٥	والداي/ والداتي يعتقدان بأن المشاكل ستحل في المجتمع لو أن الوالدين يستخدمان القوة والشدة عندما لا يتصرف الأبناء والبنات كما يجب	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٦	والدي/ والدتي يحددان لي بالضبط ما يريدان مني ويفرضان علي أن أنفذ ما يريدان	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٧	والدي/ والدتي يوجهان سلوكي لكنهما يتفهماني عندما أخالفهم الرأي.	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥

٢٨	والدي/ والدتي لا يحاولان التحكم بسلوك ونشاط ورغبات أبناء وبنات العائلة	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٢٩	والدي/ والدتي حددا لي بالضبط ما يتوقعانه مني ولا يسمحان لي بمخالفتهما أبدا	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥
٣٠	حين يتخذ والدي/ والدتي قرارا يسيء لي يكونان عادة على استعداد لمناقشة الأمر معي والاعتراف بخطئهما	١ ٢ ٣ ٤ ٥	١ ٢ ٣ ٤ ٥

8.4 Appendix D

المسح العالمي للتبغ بين الشباب (جيتس)

تعليمات

✖ يرجى قراءة كل سؤال بعناية قبل الإجابة عليه.

✖ اختر الإجابة التي تصف أفضل ما تظن وتشعر أن تكون صحيحة.

✖ اختر إجابة واحدة فقط لكل سؤال

✖ إذا كان لديك لتغيير إجابتك، لا تقلق، مجرد محوها تماما، دون أن تترك علامات

مقدمة

شكرا لك على المشاركة في هذه الدراسة. قبل أن تبدأ، يرجى قراءة المعلومات التالية التي سوف تساعدك على الإجابة على الأسئلة.

سوف تسأل الأسئلة عن تدخين السجائر.

الأسئلة القليلة الأولى تطلب بعض المعلومات الأساسية عن نفسك.

س ١: كم عمرك؟

١. ٩ سنوات أو أقل
٢. ١٠ سنوات
٣. ١١ سنة
٤. ١٢ سنة
٥. ١٣ سنة
٦. ١٤ سنة
٧. ١٥ سنة أو أكثر

س ٢: ما هو جنسك؟

١. ذكر
٢. أنثى

س ٣: في أي صف أنت؟

١. الصف الرابع
٢. الصف الخامس
٣. الصف السادس
٤. الصف السابع

س ٤: أي واحد يصف حالة عائلتك؟

١. متزوجين
٢. مطلقين

٣. غير ذلك -----

س ٥: يرجى تحديد نوع عائلتك؟

١. أسرة ممتدة

٢. أسرة النووية

س ٦: كم شقيق وشقيقة لديك؟

١. لا يوجد

٢. ١

٣. ٢

٤. ٣

٥. ٤

٦. ٥ أو أكثر

س ٧: يرجى تحديد الحالة الاجتماعية والاقتصادية لعائلتك؟

١. دخل مرتفع

٢. دخل وسط

٣. دخل منخفض

س ٨: مستوى التعليمي الأب؟

١. أمي (لا يقرأ لا يكتب)

٢. قراءة وكتابة

٣. مدرسة ابتدائية

٤. المدرسة المتوسطة

٥. المدرسة الثانوية

٦. درجة البكالوريوس

٧. ماجستير وما فوق

س ٩: وظيفة الأب؟

١. موظف

٢. عامل

٣. عاطل عن العمل

٤. متقاعد

٥. غير ذلك (يرجى الكتابة)

س ١٠: مستوى التعليمي للأم؟

١. أمية (لا تقرأ لا تكتب)

٢. قراءة وكتابة

٣. مدرسة ابتدائية

٤. المدرسة المتوسطة

٥. المدرسة الثانوية

٦. درجة البكالوريوس

٧. ماجستير وما فوق

س ١١: وظيفة الأم؟

١. موظفة

٢. عاملة
٣. مديرة منزل
٤. متقاعد
٥. غير ذلك (يرجى الكتابة)

س ١٢: خلال أسبوع، كم لديك من المال الذي يمكن أن تنفقه على نفسك؟

١. أنا عادة لم يكن لدي أي إنفاق للمال
٢. أقل من ٢٠ شيكل
٣. ٢٠ - ٢٥ شيكل
٤. ٢٥ - ٣٠ شيكل
٥. ٣٠ - ٣٥ شيكل
٦. ٤٠ - ٤٥ شيكل
٧. ٤٥ شيكل فأكثر

الأسئلة التالية تسأل عن استخدامك للتبغ

س ١٣: هل سبق لك أن حاولت أو جربت تدخين السجائر، حتى نفث واحدة أو اثنتين؟

١. نعم
٢. لا

س ١٤: كم عمرك عندما حاولت تدخين سيجارة لأول مرة؟

١. لم أحاول أبدا تدخين سيجارة
٢. ٧ سنوات أو أقل
٣. ٨ أو ٩ سنوات
٤. ١٠ أو ١١ سنة
٥. ١٢ أو ١٣ سنة
٦. ١٤ أو ١٥ سنة

س ١٥: خلال ال ٣٠ يوما الماضية، كم يوما تدخن السجائر؟

١. ولا يوم
٢. ١ أو ٢ أيام
٣. ٣ إلى ٥ أيام
٤. ٦ إلى ٩ أيام
٥. ١٠ إلى ١٩ يوما
٦. ٢٠ إلى ٢٩ يوما
٧. كل ٣٠ يوما

س ١٦: يرجى التفكير في الأيام التي تدخن فيها السجائر خلال ال ٣٠ يوما الماضية. كم عدد السجائر التي تدخنها يوميا؟

١. لم أدخن السجائر خلال ال ٣٠ يوما الماضية
٢. أقل من ١ سيجارة يوميا
٣. ١ سيجارة يوميا
٤. ٢ إلى ٥ سيجارة يوميا
٥. ٦ إلى ١٠ سيجارة يوميا
٦. ١١ إلى ٢٠ سيجارة يوميا

٧. أكثر من ٢٠ سيجارة يوميا

الأسئلة التالية تسأل عن مشاعرك نحو التوقف عن التدخين

س ١٧: هل تريد التوقف عن التدخين الآن؟

١. لم ادخن
٢. انا لا أدخن الان
٣. نعم
٤. لا

الأسئلة التالية تسأل عن تعرضك لتدخين الآخرين.

س ١٨: خلال الأيام السبعة الماضية، كم يوما يدخن أي شخص داخل منزلك، في حضورك؟

١. ولا يوم
٢. ١ إلى ٢ أيام
٣. ٣ إلى ٤ أيام
٤. ٥ إلى ٦ أيام
٥. ٧ أيام

س ١٩: خلال الأيام السبعة الماضية، عن عدد الأيام التي يدخنها أي شخص في وجودك، داخل أي مكان عام، بخلاف منزلك (مثل المدرسة والمحلات التجارية والمطاعم ومراكز التسوق ودور السينما والملاعب والأرصفة ومداخل المباني والحدائق، الشواطئ)؟

١. ولا يوم
٢. ١ إلى ٢ أيام
٣. ٣ إلى ٤ أيام
٤. ٥ إلى ٦ أيام
٥. ٧ أيام

س ٢٠: هل تعتقد أن الدخان من تدخين التبغ الآخرين يضرّك؟

١. بالتأكيد لا
٢. على الاغلب لا
٣. ربما نعم
٤. قطعاً نعم

س ٢١: هل تؤيد حظر التدخين داخل الأماكن العامة المغلقة (مثل: المدارس والمحلات التجارية والمطاعم ومراكز التسوق ودور السينما والملاعب والأرصفة ومداخل المباني والحدائق والشواطئ)؟

١. نعم فعلاً
٢. لا

الأسئلة التالية تسأل عن الحصول على السجائر.

س ٢٢: في المرة الأخيرة التي تدخن فيها السجائر خلال ال ٣٠ يوما الماضية، كيف حصلت عليها؟ (حدد إجابة واحدة فقط)

١. لم أدخن أي سجائر خلال ال ٣٠ يوما الماضية
٢. اشتريتها في متجر
٣. حصلت عليها من صديق
٤. حصلت عليها من أحد أفراد العائلة

٥. حصلت عليها بطريقة أخرى

س ٢٣: خلال ال ٣٠ يوما الماضية، هل رفض أحد بيع السجائر بسبب عمرك؟

١. لم أحاول شراء السجائر خلال ال ٣٠ يوما الماضية

٢. نعم، رفض أحدهم بيع السجائر بسبب عمري

٣. لا، عمري لم يبقني من شراء السجائر

تسأل الأسئلة التالية عن معرفتك بالرسائل التي تتعارض مع استخدام التبغ (قد تشمل السجائر والتبغ المدخن الآخر والتبغ الذي لا يدخن).

س ٢٤: خلال ال ٣٠ يوما الماضية، هل رأيت أو سمعت أي رسائل إعلامية مناهضة للتبغ على شاشات التلفزيون أو الإذاعة أو الإنترنت أو اللوحات الإعلانية أو الملصقات أو الصحف أو المجلات أو الأفلام؟

١. نعم فعلا

٢. لا

س ٢٥: خلال ال ٣٠ يوما الماضية، هل سمعت أي رسائل مناهضة للتبغ في المناسبات الرياضية، والمعارض، والحفلات الموسيقية، أو المناسبات المجتمعية، أو التجمعات الاجتماعية؟

١. لم أذهب إلى الأحداث الرياضية، والمعارض أو المناسبات المجتمعية في الأيام ال ٣٠ الماضية

٢. نعم فعلا

٣. لا

س ٢٦: خلال ال ١٢ شهرا الماضية، هل تعلمت في أي من فصولك حول مخاطر تعاطي التبغ؟

١. نعم فعلا

٢. لا

٣. انا لا اعرف

تسأل الأسئلة التالية عن معرفتك بالإعلانات أو العروض الترويجية للتبغ (قد تشمل السجائر والتبغ المدخن الآخر والتبغ الذي لا يدخن).

س ٢٧: خلال ال ٣٠ يوما الماضية، هل رأيت أي أشخاص يستخدمون التبغ عند مشاهدة التلفزيون أو الفيديو أو الأفلام؟

١. لم أشاهد التلفاز أو مقاطع الفيديو أو الأفلام خلال ال ٣٠ يوما الماضية

٢. نعم فعلا

٣. لا

س ٢٨: هل قدم لك شخص يعمل لدى شركة التبغ منتج التبغ مجانا؟

١. نعم فعلا

٢. لا

الأسئلة التالية تسأل عن مواقفك ومعتقداتك حول استخدام التبغ.

س ٢٩: إذا كان أحد أفضل أصدقائك يعرض لك منتج التبغ، هل تستخدمه؟

١. بالتأكيد لا

٢. على الأغلب لا

٣. ربما نعم

٤. قطعا نعم

س ٣٠: في أي وقت خلال ال ١٢ شهرا القادمة هل تعتقد أنك سوف تستخدم أي شكل من أشكال التبغ؟

١. بالتأكيد لا
٢. على الاغلب لا
٣. ربما نعم
٤. قطعاً نعم

س ٣١: بمجرد أن يبدأ شخص ما التدخين، هل تعتقد أنه سيكون من الصعب عليهم الإقلاع عن التدخين؟

١. بالتأكيد لا
٢. على الاغلب لا
٣. ربما نعم
٤. قطعاً نعم

س ٣٢: هل تعتقد أن تدخين التبغ يساعد الناس على الشعور بمزيد من الراحة أو أقل راحة؟

١. أكثر راحة
٢. أقل راحة
٣. لا فرق سواء التدخين أو لا

س ٣٣: هل توافق أو لا توافق على ما يلي: "أعتقد أنني قد أستمتع بتدخين سيجارة"؟

١. أنا حالياً تدخن السجائر
٢. موافق بشدة
٣. يوافق على
٤. تعارض
٥. يعارض بشدة

س ٣٤: هل حاولت استخدام السجائر الإلكترونية من قبل؟

١. نعم فعلاً
٢. لا

الأسئلة التالية تسأل عن التدخين الشيشة

س ٣٥: هل سبق لك أن حاولت أو جربت تدخين الشيشة؟

١. نعم فعلاً
٢. لا

س ٣٦: كم عمرك عندما حاولت أول شيشة تدخين؟

١. ٩ سنوات أو أقل
٢. ١٠ سنوات
٣. ١١ سنة
٤. ١٢ سنة
٥. ١٣ سنة
٦. ١٤ سنة
٧. ١٥ سنة أو أكثر
٨. لم أحاول تدخين شيشة

س ٣٧: هل تعتقد أن الدخان من التدخين الشيشة الآخرين الضارة لك؟

١. بالتأكيد لا
٢. على الاغلب لا
٣. ربما نعم
٤. قطعاً نعم

س ٣٨: آخر مرة كنت تدخن الشيعة خلال ال ٣٠ يوما الماضية، حيث كنت تدخن ذلك؟ (حدد إجابة واحدة فقط)

١. لم أدخن الشيعة خلال ال ٣٠ يوما الماضية
٢. في المنزل
٣. في مقهى
٤. في المطعم
٥. غير ذلك

س ٣٩: خلال ال ٣٠ يوما الماضية، هل رفض أحد أن يخدمك الشيعة بسبب عمرك؟

١. لم أحاول الحصول على الشيعة خدم لي خلال ال ٣٠ يوما الماضية
٢. نعم، رفض أحدهم أن يخدمني الشيعة بسبب عمري
٣. لا، عمري لم يبقني من خدم الشيعة


س ٤٠: إذا كان واحد من أفضل أصدقائك عرض لك الشيعة، هل تدخن ذلك؟

١. بالتأكيد لا
٢. على الاغلب لا
٣. ربما نعم
٤. قطعاً نعم

نشكرك على المشاركة في الاستبيان

8.5 Appendix E

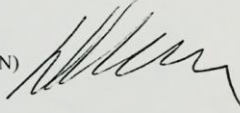
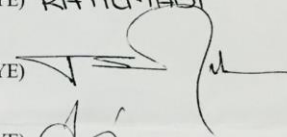


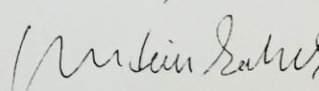
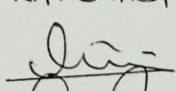
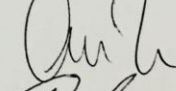
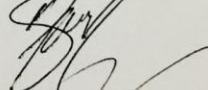
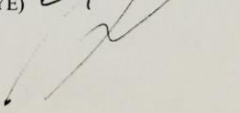
EK-564-2017


YAKIN DOĞU ÜNİVERSİTESİ
BİLİMSEL ARAŞTIRMALAR DEĞERLENDİRME ETİK KURULU

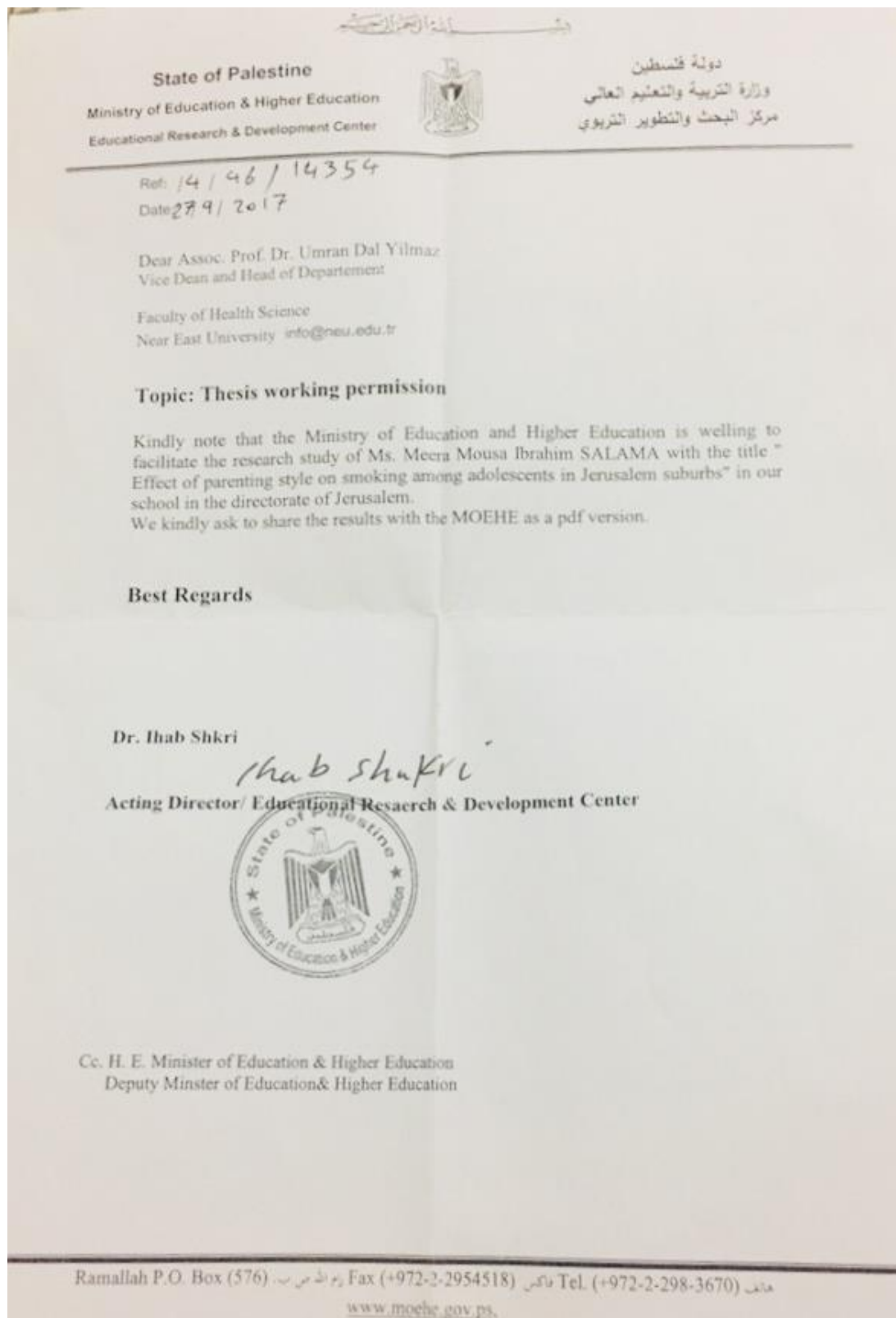
ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi : 26.10.2017
Toplantı No : 2017/51
Proje No : 465

Yakın Doğu Üniversitesi Sağlık Bilimler Fakültesi öğretim üyelerinden Prof. Dr. Candan Öztürk'ün sorumlu araştırmacısı olduğu, YDU/2017/51-465 proje numaralı ve **"Effect of Parenting Style on Smoking Among Adolescents in Jerusalem Suburbs, Palestine"** başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur.

1. Prof. Dr. Rüştü Onur	(BAŞKAN) 
2. Prof. Dr. Nerin Bahçeciler Önder	(ÜYE) KATILMIYADI
3. Prof. Dr. Tamer Yılmaz	(ÜYE) 
4. Prof. Dr. Şahan Saygı	(ÜYE) 
5. Prof. Dr. Şanda Çalı	(ÜYE) 
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10. Doç. Dr. Nilüfer Galip Çelik	(ÜYE) 
11. Yrd. Doç. Dr. Emil Mammadov	(ÜYE) 

8.6 Appendix F



8.7 Appendix G

State of Palestine
Ministry of Education & Higher Education
Directorate of Education Higher
Education \ Jerusalem Suburbs
Tel (02-2348627/8) Fax (02-2344455)

دولة فلسطين
وزارة التربية والتعليم العالي
مديرية التربية والتعليم العالي - عواحي القدس
تلفون (02-2348627/8) فاكس (02-2344455)

الرقم : 179/1/3
التاريخ : 2017/ 10 / 6 م
الوقت : 17 / صفر / 1439 هـ

حضرات مديري ومديرات المدارس الحكومية المحترمين
تحية طيبة وبعد،،

الموضوع: تسهيل مهمة

يرجى السماح للطالبة ميره ابراهيم موسى سلامة، في اجراء دراستها الميدانية بعنوان:
تأثير أسلوب تربية الابناء على ممارسة التدخين لدى المراهقين في مدارس ضواحي
القدس،

(Effect of parenting style on smoking among adolescents
in Jerusalem suburbs)

، وبما لا يؤثر على سير العملية الادارية والتعليمية.

مع الاحترام ..

أ. بسام مدحت طهوب

مدير التربية والتعليم العالي

التعليم العام / أ. خ. ر. أ.